



**Request for Tutoring/Intent Form
2018-19**

Student Name: _____ Grade: _____ Date: _____

Program desired:

- _____ Math tutoring
- _____ Organizational skills assistance
- _____ Study skills assistance
- _____ Test taking strategy assistance

Choose one:

- _____ One month, please specify month: _____
- _____ One quarter, please circle: 1st 2nd 3rd 4th
- _____ Semester, please specify fall or spring or both: _____

When would you like your student to be tutored during the school day?

- During study hall
- Zero period
- Other (a period approved by the Guidance Office)

Indicate specific period (if known) _____

Number of desired sessions per week, please circle: 1 2 3

I have read the information regarding the program and agree to the terms.

Parent Name

Parent Email

Parent phone

Please review
<http://www.chapelgateacademy.org/tutoring>
for full details, fees and conditions.

Please send this completed form to lwhitelaw@chapelgateacademy.org