



SCPA Peer Tutor Info

Name _____

Advisor _____

Email* _____

Phone Number* _____

*These will be given to the parents of the students you tutor so they can contact you if they need to cancel. Please list an email and phone number that you check regularly.

Subjects you want to tutor:

Which grade levels are you comfortable working with?

_____ 5th

_____ 6th

_____ 7th

_____ 8th

_____ 9th

_____ 10th

_____ 11th

_____ 12th

Availability: Please circle the days you are available to tutor.

Monday 8:30-9:15	Tuesday 8:30-9:15	Wednesday 8:30 – 9:15	Thursday 8:30-9:15	Friday 8:30-9:15
Not Available	4:00 – 4:45	Not Available	Not Available	Not Available

I am giving (student name) _____ permission to tutor another student.

Parent/Guardian signature _____

*Please email Erin Richgels (erichgels@stcroixprep.org) with any questions or concerns.