



Middle School

Student Name _____

Grade _____

Subject(s) and Teacher(s) _____

(Please specify the level if applicable. For example, Geometry or 9th grade English.)

Goals that I hope to accomplish through tutoring:

Parent/Guardian Name(s) _____

Phone Number(s)* _____

Email(s)* _____

*These will be shared with the tutor so they can contact you directly if they need to reschedule the session due to an illness or other conflict. You will also receive the tutor's contact information if you need to cancel a session.

Please mark the days that you are available for tutoring. Students will be matched with a tutor one day per week. I will contact you once a Peer Tutor is available.

Monday 8:45-9:30	Tuesday 8:45-9:30	Wednesday 8:45-9:30	Thursday 8:45-9:30	Friday Not Available
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These tutoring sessions are used to focus on a specific area that needs improvement. The tutors are volunteering their time to help you meet your goals. Their time is valuable, so **please come prepared with a list of questions and topics** that you want to work on during your meeting.

Your signature below indicates that you understand your student will be paired with an upper school student. You also agree to make sure your student attends scheduled tutoring session unless you have contacted the tutor or Ms. Richgels in advance. If you are not prepared for the meeting, we reserve the right to cancel/suspend tutoring.

Parent/Guardian Signature _____

Student Signature _____

If you cannot make it to a scheduled tutoring session please contact your tutor directly and Ms. Richgels by email at erichgels@stcroixprep.org.