

TUTORING INFORMATION SHEET

Name:

Grade:

Homeroom Teacher:

SUBJECT(S) ABLE TO TUTOR IN:			DAYS AVAILABLE	TIME
Math:	Grade 9	Grade 10	Monday	Before School 7:30 – 8:10 am After School 2:30 – 3:30 pm
Science:	Grade 9	Grade 10	Tuesday	
English:	Grade 9	Grade 10	Wednesday	
French:	Grade 9		Thursday	
Other:			Friday	
Matched with:			Location:	Time:

FOR YOUR INFORMATION:

Students are responsible to communicate to their tutor partners if they are absent or unable to make the tutor session right away. Arrange to exchange information in order to contact each other using First Class or phone.

I, the parent/guardian of the above named student, give permission for my son/daughter to participate in the SACHS tutoring program.

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Student: _____