

TUTORING

Name _____

Address _____

Telephone # _____

Grade _____

Name of school _____

School Counselors Name _____

PLEASE CHECK TUTORING SUBJECT AREA:

- READING
- ENGLISH
- MATH SPECIFY LEVEL _____
- CHEMISTRY
- COMPUTERS

PARENT / GUARDIAN SIGNATURE _____

DATE _____

Return to Church Office or Kathy Robinson
