



NEED A TUTOR?

Student Peer Form

(Please print clearly)

Name: _____ Grade: _____ Cell: _____

Email: _____

How would you prefer to be contacted? _____

Subject(s) you would like help with (check off):

Subject	Grade	Level	Subject	Grade	Level
Math	<input type="checkbox"/> 9	<input type="checkbox"/> Applied	English	<input type="checkbox"/> 9	<input type="checkbox"/> Applied
	<input type="checkbox"/> 10	<input type="checkbox"/> Academic		<input type="checkbox"/> 10	<input type="checkbox"/> Academic
	<input type="checkbox"/> 11	_____		<input type="checkbox"/> 11	_____
Science	<input type="checkbox"/> 9	<input type="checkbox"/> Applied	French	<input type="checkbox"/> 9	<input type="checkbox"/> Applied
	<input type="checkbox"/> 10	<input type="checkbox"/> Academic		<input type="checkbox"/> 10	<input type="checkbox"/> Academic
	<input type="checkbox"/> 11	_____	Other	Specify: _____	_____

Indicate when you would prefer to meet with a tutor, on a regular basis. Circle all that apply.

After School	M	T	W	Th	F
3 rd Lunch	M	T	W	Th	F
4 th Lunch	M	T	W	Th	F

Your Timetable:

	Period 1	Period 2	Period 3	Period 4	Period 5
Subject					
Teacher					
Room #					