

ST. PAUL'S EPISCOPAL SCHOOL
TUTOR / RESOURCE PROFESSIONAL
REQUEST FORM

Date: _____

Student Name: _____ Grade: _____

Tutor/Support Resource Personnel Name: _____

Tutor Contact Info: Email: _____

Cell #: _____

Subject/Skill to be Tutored: _____

Tutoring Schedule: _____

Tutoring Location: _____

Parent Signature

Homeroom Teacher/Advisor

NOTE: I acknowledge my child has permission to work with the above listed resource professional.

Division Principal Signature

Date

NOTE: Division Principal must check with the Facility Manager to ensure space is available for the tutoring.

Any changes to the schedule are to be pre-approved by the teacher and the Facilities Manager.