PRIVATE TUTORING AGREEMENT
(1 per course)

Student's Name (Print) _____ Grade _____
Course failed _____ Grade earned in course _____
Location of Tutoring _____
(complete name and address)
Contact person/supervisor _____
Phone # _____

When completed this form will be reviewed by the summer school coordinator and principal. This form must be signed by the appropriate individuals in order to be approved. The extraordinary exam can only be written after this form has been signed by the appropriate individuals and approved the day of the exam.

Student's Signature: _____ Date: _____
Parent's Signature: _____ Date: _____
Tutor's Signature: _____ Date: _____

TUTORING RECORD OF ATTENDANCE & ACTIVITIES
MINIMUM TWENTY (20) HOURS REQUIRED

Date	***Description of Activities performed that day and hours***