

Trinity High School
Academic Prep Tutor Request Form
Return Form to Library/MAC--Mrs. Fox (Learning Specialist)



Student Name:	Date:
School Email Address:	
Course(s) Needing Assistance:	Current Grade(s):
Describe your need: (Circle) Several times a week, once a week, final exam prep, test review, catch up <hr/>	
Day(s)/Time(s) requesting tutor: (Circle)	
Monday Tuesday Tuesday Wednesday Thursday Friday 3:15-5:00pm 7:30-9:15am 3:15-5:00pm 3:15-5:00pm 3:15-5:00pm 7:00-7:55am	
Beginning date of tutoring requested:	
Length (number of days):	

To be completed by Mrs. Fox (Learning Specialist)

Tutor Assigned:

Email:

Date Assigned:

Notes: