Tutoring Referral
(for UC Davis Tutor)

Student's Name_____ _____ Grade_____
First Name Last Name

Please list the times that the student is available for tutoring at DSIS:

Monday:_____

Tuesday:_____

Wednesday:_____

Thursday:_____

Friday:_____

Subjects that the student would like tutoring in :_____
_____

Frequency of tutoring desired: ____1 time a week ____2 times a week

I give my permission for _____
(student name)
to receive tutoring in the library at DSIS with a UC Davis tutor. The tutor may have our phone # in order to contact us directly regarding any changes with meeting time with the tutor, or to report progress with tutoring.

Home Phone #_____ Cell #_____

Student's Cell #_____ _____

Parent Email: _____ Student Email: _____

Parent Name (printed):_____

Parent Signature_____

Date:_____

Please note that all tutoring must take place at DSIS.