

Tutoring Referral
(for UC Davis Tutor)

Please print this form, fill it out and return it to the DSIS office. You will be contacted by a tutor when one becomes available.

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.