

Aristotle Associates

Tutoring Request Form

Student Information

Name: _____ Cell: (____) _____

Email: _____

School: _____ Expected Graduation Date: ____/____

Parent Information

Name: _____ Cell: (____) _____

Email(s): _____

Address: _____

City: _____ ZIP code: _____

Other Tutoring Location (if applicable): _____

Typical Conflicts Outside Normal School Hours - please include tutoring start time

Example: "Soccer - Practice weekdays from 4 - 6, games on Saturdays (time varies)".
Home by 6:30, ready for tutor by 7:15.

Fall: _____

Winter: _____

Spring: _____

Tutoring Information

Class or Test to Be Supported: _____ Teacher: _____

Preferred Tutor: _____ Start Date: _____

Number of appointments per week: _____ Duration of Appt: _____ hrs.

Preferred Days/Times: _____

Other Possible Times: _____

Class or Test to Be Supported: _____ Teacher: _____

Preferred Tutor: _____ Start Date: _____

Number of appointments per week: _____ Duration of Appt: _____ hrs.

Preferred Days/Times: _____

Other Possible Times: _____

Class or Test to Be Supported: _____ Teacher: _____

Preferred Tutor: _____ Start Date: _____

Number of appointments per week: _____ Duration of Appt: _____ hrs.

Preferred Days/Times: _____

Other Possible Times: _____

Do you want to cover multiple classes or tests in single appointments? Please explain.

