

Saturday Tutoring Application

Student Name: _____ Grade: _____

Home Address: _____ City: _____ State: _____

Parent Names: _____

Phone Numbers

Home: _____ Work: _____ Cell: _____

Home: _____ Work: _____ Cell: _____

Please Check One:

- I will pick up my child from Edgewater High School on Saturdays by 12:00 PM.
- My child will drive, walk, ride their bike, or take the city bus home from Saturday tutoring.
- My child will ride the bus provided. More information to come regarding bus stop times & locations through your child's Canvas email.

Saturday Tutoring Contract

I agree to the following:

1. To continue to study, participate, and complete assignments in all of my classes.
2. To be present on Saturday mornings beginning at 9 AM.
3. To actively participate in the Saturday Tutoring Program and follow the OCPS Student Code of Conduct.
4. Any violation of the contract or the OCPS Student Code of Conduct may result in removal from the program.

Date: _____ Student Signature _____ (REQUIRED)

Date: _____ Parent or Guardian's Signature _____ (REQUIRED)

Tutoring Dates (9:00 AM- 12:00 PM Each Saturday)

September 8,15,22,29

October 6,20

November 3,10

December 1,8,15

January 12,19,26

February 2,9,16,23

March 2,9,30

April 6,13,20,27

**TURN THIS FORM INTO STUDENT SERVICES TO MRS.GRAY
(ACADEMIC DEAN)**