



St. Aloysius Gonzaga Secondary School Peer Tutoring

WOULD YOU LIKE TO BE A TUTOR?

Name: _____ Grade: 9 10 11 12 (please circle)

Phone Number: _____ e-mail: _____

Subjects Available to Tutor (Indicate Course Code)

1. _____ Final/Current Mark: _____%

2. _____ Final/Current Mark: _____%

3. _____ Final/Current Mark: _____%

Days available during lunch: M T W TH F all
(Please circle)

Tutoring Sessions: Where would you rather tutor? (Please circle one)

- a. Guidance office
- b. Library
- c. At Student's home
- d. At Tutors home
- e. Other location: _____ (please specify)

Semester Lunch Period: 3A 3B 3C (please circle)

Teacher Recommendation: #1
Teacher's Name: _____

Teacher's Signature: _____

#2
Teacher's Name: _____

Teacher's Signature: _____

For Office Use Only

Student Assigned: _____ Start Date: _____
Subject: _____

Filename: tutoring position form.doc
Directory: \\centre-fsrv03\staffhome\$\eaglesj\My Documents
Template: C:\Documents and Settings\eaglesj\Application
Data\Microsoft\Templates\Normal.dotm
Title: St
Subject:
Author: jason
Keywords:
Comments:
Creation Date: 7/30/2008 3:00:00 PM
Change Number: 5
Last Saved On: 9/13/2010 11:01:00 PM
Last Saved By: eagles
Total Editing Time: 106 Minutes
Last Printed On: 9/13/2010 11:02:00 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 164 (approx.)
Number of Characters: 940 (approx.)