St. Aloysius Gonzaga Secondary School
Peer Tutoring

DO YOU REQUIRE A TUTOR?

Name: _____ Grade: 9 10 11 12

Phone Number: _____ e-mail: _____

Date of Request: _____ ____ ____ Requested by: _____
Year Day Month

Course (Indicate Course Code) 1. _____

2. _____

Days available during lunch: M T W TH F

Tutoring Sessions: Guidance Office **RETURN COMPLETED FORMS TO MR. EAGLES**

My schedule for this semester: 1 2 (please circle)

Period	Course Code	Teacher	Room
1			
2			
3 A			
3 B			
3 C			
4			

For Office Use Only

Tutor Assigned: _____ Start Date: _____