REACH OUT JOHN JAY JJMS Tutoring Student/Parent Information Form

| DATE: Click or tap here to entertext. | |
|--|--------------------|
| STUDENT NAME: Click or tap here to entertext. | GRADE: |
| PARENT/GUARDIAN CONTACT INFORMATION | |
| NAME: (lick or tap here to enter text. | |
| HOME PHONE: Click or tap here to entertext. CELL PHONE: Click or tap here | ere to enter text. |
| EMAIL: Click or tap here to entertext. | |
| STUDENT INFORMATION | |
| Guidance Counselor: Click or tap here to entertext. | |
| Tutoring is offered in the JJMS Library from 2:50-3:50 pm on Tuesday, Wedner Thursday. Students will be sent to supervised study hall with monitor until t | utoring begins. |
| Please indicate the day(s) that your child is available for tutoring. Please ch | |
| \square Tuesday \square Wednesday \square Thursd Please indicate day of preference – if any: | ay |
| Please check the subject(s) in which your child needs to be tutored. You manapply. | y check all that |
| | |
| ☐ Math ☐ Science ☐ English ☐ Social Studies ☐ Spanish | □ French |
| ☐ Math☐ Science☐ English☐ Social Studies☐ Spanish Other areas needing attention (please specify): | □ French |
| | □ French |
| Other areas needing attention (please specify): | |
| Other areas needing attention (please specify): When is your child available to begin tutoring? Does he/she plan on participating in any after school activities or sports? YES If YES, what season(s)? Fall Winter Spring | |

Please use the "Save As" command. Save file as your last name.JJMS(for example, Smith.JJMS) Email completed form to twuensch@klschools.org and your school counselor. THANK YOU!