

EXTRA CURRICULAR - STUDY TABLES

Tutoring Form

Student Name: _____ Grade: _____

Activity (ex. Band, football, etc.) _____

Day of week: _____ Date: _____ Time: _____

Tutor Signature: _____ Tutor Printed name: _____

Please put this in Mr. Davidson's mailbox in the guidance office within 1 day of the tutoring session.

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