

## TUTOR LIST RELEASE FORM

Dear Parent:

Your student has expressed an interest in being a tutor at O'Fallon Township High School. Students requesting academic tutoring will be given a list of available students and will contact your son/daughter by telephone to make arrangements.

By signing this letter, you give permission for release of your student's name/telephone number. This information will only be given to those persons requesting academic tutoring.

Sincerely,

Smiley Guidance Office

Parent Signature \_\_\_\_\_

Student Name \_\_\_\_\_

Phone # to be listed \_\_\_\_\_

Any additional information you wish to be listed (rate, will tutor for service hours, etc.) \_\_\_\_\_

**Note: Teacher Recommendation to Tutor (on reverse) must also be completed.**

## TEACHER RECOMMENDATION TO TUTOR

(NAME) \_\_\_\_\_ is interested in tutoring in the following subject(s) please be specific on class (Geometry, Chemistry 1, etc.):

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If you believe this student's skills in the academic subjects listed are sufficient to assist other students, please sign this recommendation form.

**ENGLISH** \_\_\_\_\_

**MATHEMATICS** \_\_\_\_\_

**SCIENCE** \_\_\_\_\_

**SOCIAL STUDIES** \_\_\_\_\_

**WORLD LANGUAGE** \_\_\_\_\_

**HEALTH** \_\_\_\_\_

**BUSINESS** \_\_\_\_\_

**MUSIC** \_\_\_\_\_

Please return this form to the Guidance Office.