

**ACS Cobham High School
Private Tutoring Form**

**The tutor is responsible for returning the completed form to
Will Ryan, High School Administrative Assistant, *before* tutoring sessions start.**

Student's name (print) _____

Course _____

Course teacher (print) _____

Course teacher's information (required):

How often has the student attended extra help sessions outside of class time?

Private tutoring is recommended for this student for the following reason(s):

**Course teacher's
signature** _____ **Date** _____

**Parent's
signature** _____ **Date** _____

Teachers are available to tutor before 8:30 am and after 3:30 pm. Tutoring, rate and payment arrangements are a non-school contract agreed between parent and tutor.

Location, day and time of tutoring sessions:

Tutor's name (printed) _____

**Tutor's
signature** _____ **Date** _____