



Staking A Claim in Our Students' Future

**Title VI Tutoring Program
Parent Referral**

I would like for my child to participate in the free Native American Tutoring Program.

Student's Name: _____ School: _____

Age: _____ Gender: _____ Date of Birth: _____ Grade: _____

Student's cell *if applicable*: _____

You may select which days and how many days you would like your child to attend tutoring each week, provided availability. It is the responsibility of the parent to pick the student up **immediately** after tutoring. Tutoring will be after school, beginning at 3:45 until 4:45.

Check all that apply:

Monday

Tuesday

Wednesday

Thursday

I would like my child in tutoring for the following subject(s):

Reading/ELA

Math

Science

Social Studies

Subject: _____ Subject: _____ Subject: _____ Subject: _____

Parent/Guardian: _____ Phone: _____

Signature: _____ Date: _____

*****Please return signed form to your child's
classroom or homeroom teacher or turn in
to office.***

FOR OFFICE USE ONLY:

506 Form on file

WenGage checked

FOR TITLE IV OFFICE USE ONLY:

Approved

Not Approved

Signed: _____

Date: _____

