



Staking A Claim in Our Students' Future

2021-2022
Parent Referral
Title VI Tutoring Program

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: _____

Phone: _____

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 3:30 until 4:30. Please check boxes 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: _____

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

Approved
Not Approved

Signed: _____
Date: _____