

**STATEMENT OF INTEREST REQUEST FORM**

**PEER TUTOR**

NAME \_\_\_\_\_ ID# \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip Code

List reasons you would like to be a peer tutor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your personal traits that would qualify you as a good peer tutor including courses you excel in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The teacher's signature below indicates their request for this student to be their peer tutor for the 2021 - 2022 school year:

Teacher's Signature \_\_\_\_\_

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

**FORMS MUST BE TURNED IN TO THE COUNSELING CENTER BY March 11th, 2021.**