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 2023 - 2024 school year:

Teacher's Signature_____

Parent Signature_____ Date_____

FORMS MUST BE TURNED IN TO THE COUNSELING CENTER BY March 10th, 2023.