

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 2024 - 2025 school year:

Teacher's Signature _____

Parent Signature _____ Date _____

***FORMS MUST BE TURNED IN BY March 8th, 2024
WITH YOUR COURSE SELECTION SHEET OR TO THE
COUNSELING CENTER***