

Lee County School System Tutoring Approval Form

I _____, am requesting approval to tutor the following student:

Name: _____ **Age:** _____

Current School: _____ **Grade:** _____

Subjects: _____ Reading _____ Math

Parent / Guardian Info: Phone: _____

email: _____

Tutor Contact Info: Phone: _____

email: _____

Agreement made on ____/____/____ between _____
(tutor) and _____ (parent or guardian) for tutoring sessions
at the times and fees set below.

Times

Day and time of lessons: _____

Location of lessons: _____

Date of the 1st lesson: _____

Fees

Lessons will be charged at the rate of \$ _____ / hour, to be paid in cash or check.

Signature of Tutor _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Principal _____ **Date** _____

LCSS Board Office Approval _____ **Date** _____