

BBS ACADEMIC SUPPORT SERVICES TUTORING CONTRACT

Student's Name _____

Parents' Name _____

Billing Address _____

Phone: Home _____ **Mom Daytime** _____

Student Cell _____ **Dad Daytime** _____

Parent E-mail _____

Student E-mail _____

_____ **(Initial)** A nine-week commitment is recommended. My child will be reevaluated at the end of each nine week period. It has been found that tutoring is most effective on a continual and consistent basis. However, we can review your child's placement at any time.

_____ **(Initial)** CANCELLATION: Tutors prepare for lessons weekly. If your child cannot attend a session, you must give 24 hours notice. If you are working with an Adult Tutor, contact them directly. If you are in homework help, contact the middle school office. If your child is not at school on the day of the session or goes home early, you must contact the tutor as soon as possible. *It is not the responsibility of the school office. You are responsible for payment of the session if the cancellation procedures are not met.*

_____ **(Initial)** My child will be tutored in _____, _____ time(s) per week. I agree to a prepaid fee for each session each month in advance. Homework help fee: \$10 a session. Adult Tutor fee: \$25 for MS / \$35 for HS.

I have read and agree to adhere to the policies and procedures of Boyd-Buchanan School's Tutoring Program.

Parent's Signature _____ **Date:** _____

Student's Signature _____ **Date:** _____

Contact Information: Melissa Conn, mconn@bbschool.org