



Pokégnek Bodéwadmik • Pokagon Band of Potawatomi

Department of Education

Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • www.PokagonBand-nsn.gov  
(269) 782-0887 • (888)330-1234 toll free • (269) 782-0985 fax

**Tutoring Request**

Date: \_\_\_\_\_

**Student Information:**

**Educational Records Release Form Completed?** Yes / No

Name \_\_\_\_\_ Pokagon Citizen Yes/No

First

Last

M.I.

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_ Gender M / F IEP Yes / No 504 Plan Yes / No

Address \_\_\_\_\_ County \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name

City

**Parent/Legal Guardian Information (if student is under 18):**

Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**School Contact Person Information:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Tutor Information:** Learning Center or Auxiliary Tutor (circle one)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ I would like an Auxiliary Tutor assigned to us.

\_\_\_\_\_ I would like assistance with finding a Learning Center, if possible.

**Subjects Needing Tutoring:** \_\_\_\_\_

**\*\*\*If student has an IEP, please include a copy of it with the Tutoring Request.\*\*\***

The Parent or Eligible Student, or both, acknowledge that this Form is legally binding and enforceable; and that he or she: (a) accurately completed this Form; (b) has full authority to agree to this Form; (c) has reviewed this entire Form; and (d) signed this Form willingly, without duress, and with full knowledge of its consequences.

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

Student Signature (if 18 Years or Older) \_\_\_\_\_ Date \_\_\_\_\_

A proud, compassionate people committed to strengthening our sovereign nation.

A progressive community focused on culture and the most innovative opportunities for all of our citizens.