



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
EDUCATION

Tutoring Request

Educational Records Release Form Completed? Yes/No

Student Information:

Name _____ Pokagon Citizen Yes/No
First Last M.I.

Date of Birth ___/___/___ Age ___ Gender M/F *** IEP Yes/ No ***504 Plan Yes/No

Address _____

City _____ State _____ Zip _____ County _____

Parent/Legal Guardian Name (if student is under 18) _____

Phone _____ Email _____

School Name _____ City _____ Grade _____

School Contact Person Information:

Name _____ Position _____

Phone _____ Email _____

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

Name _____ Phone _____

Address _____ Email _____

Subjects Needed _____

_____ **I would like an Auxiliary Tutor assigned to us.**

_____ **I would like assistance with finding a Learning Center, if possible.**

*****If student has an IEP or 504 Plan, 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 (or Adult Student) Signature _____ Date _____