

**APPLICATION FOR THE JOYCE B. EBNER VOLUNTEER TUTORING PROGRAM
SPONSORED BY THE MEDINA CITY SCHOOLS FOUNDATION**

TO BE FILLED OUT BY STUDENT

Name _____ E-Mail _____ Date _____
Address _____ City _____ Zip _____
Phone _____ Grade 9 10 11 12 Student ID # _____
Parents' Names _____ Phone _____
Study Hall Periods _____ Location _____ Counselor _____
Subject Needing Tutoring Help _____ Teacher _____

TO BE FILLED OUT BY CLASSROOM TEACHER

What is the student's current grade? _____
How do you rate this student's effort? Good Fair Poor
Does this student regularly complete homework? Yes No
Is this student attentive in class? Yes No
Does this student ask questions in class? Yes No
Has this student seen you for any extra help? Yes No

TEACHER SIGNATURE _____

TO BE FILLED OUT BY STUDENT

PREFERRED TIME FOR TUTORING

_____ BEFORE SCHOOL COMMENTS _____
_____ DURING STUDY HALL _____

Please print your class schedule with room numbers on the reverse side of this form

AGREEMENT

I understand that the Joyce B. Ebner Volunteer Tutoring Program is a non-profit program sponsored by the Medina City Schools Foundation. I accept the responsibility of meeting with the assigned tutor for the assigned times.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____] Please check if you would like information on how you can support the Foundation's Volunteer Tutoring Program.

Any questions or concerns about the Joyce B. Ebner Volunteer Tutoring Program should be directed to Mrs. Carolyn K. Grenfell in room 1300 at the High School or by calling 330.636.3258.

PLEASE RETURN TO MRS. GRENFELL IN ROOM 1300

For Office Use Only: Matched T/C informed