

# ELK RIVER HIGH SCHOOL PEER TUTOR CONTRACT APPLICATION

\* COMPLETED APPLICATION DUE NO LATER THAN 10 DAYS AFTER 1<sup>st</sup> DATE OF SEMESTER \*

Peer Tutor contracts between teachers and juniors and seniors are permitted. The contracts may be arranged for up to two credits per contract. The objectives, resources and evaluation procedures are to be listed, with all required signatures, prior to the tutoring within the classroom. Peer Tutor contracts are limited to one per semester.

SCHOOL YEAR: 20\_\_\_\_ / 20\_\_\_\_

SEMESTER: 1 2  
(CIRCLE ONE)

HOUR: 1 2 3 4 5 6  
(CIRCLE ONE)

STUDENT NAME \_\_\_\_\_  
(PRINTED NAME)

GRADE: 11 or 12  
(CIRCLE ONE)

TEACHER NAME \_\_\_\_\_  
(PRINTED NAME)

PHONE EXT. \_\_\_\_\_ ROOM # \_\_\_\_\_

SUBJECT TUTORING: \_\_\_\_\_

**GRADING:** To meet the qualifications for credit, peer tutors must meet the expectations of the staff member they are working with and have an appropriate attendance record. This opportunity is a **PASS / FAIL** course and doesn't affect the student's cumulative GPA.

I acknowledge what is expected of me as a student within the Peer Tutor objectives and guidelines listed above. I understand that I cannot start the course until all signatures accompany this form and I will only earn credit upon successful completion of the course.

1. STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I acknowledge that the student has met all class prerequisite requirements for this Peer Tutor; this Peer Tutor option does NOT coincide with my prep period; and I am not exceeding my maximum number of Independent Study or Peer Tutor courses.

2. TEACHER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

3. CASE MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(when applicable)

I acknowledge that my student has applied for an Peer Tutor opportunity. My child will receive the amount of credit(s) listed on this form upon successful completion of the Tutoring.

4. PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*All school fees must be paid and up to date before this application can be approved\*\***

## TO BE FILLED OUT BY COUNSELOR

On Track to Graduate?

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE FILLED OUT BY SCHEDULING SECRETARY

All Obligations are cleared?  Date Received \_\_\_\_\_ Course Created/Entered into Campus \_\_\_\_\_

Issues with Course: \_\_\_\_\_

## TO BE FILLED OUT BY PRINCIPAL

Date Received \_\_\_\_\_ Approved?  Denied?

Reason(s): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_