



SFCS Tutoring Program

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2001 S. 5th Ave, Sioux Falls, SD 57105

Student Enrollment Information:

Student Name: _____ Grade: _____ Current
School: _____

Parent Name: _____ Phone: _____ Email:

Classroom Teacher: _____ Email: _____ Date:

Tutor Preference/Request (see list):

Schedule Request (please circle one): After school Before school Evenings Weekends

Location Preference for Tutoring Sessions:

Christ the King St. Lambert St. Mary Holy Spirit St. Michael

St. Katharine Drexel O’Gorman Junior High O’Gorman High School

Other (please specify): _____

Curriculum Content Tutoring Program

I. Tutor Information:

Tutor: _____ Phone: _____ Email: _____

Scheduling Arrangements: _____

Course of Study/Skills Development: _____

Skill Specific Tutoring Program

I. Tutor Information:

Tutor: _____ Phone: _____ Email: _____

Scheduling Arrangements: _____

Course of Study/Skills Development: _____

Achievement Academy Director Signature

Date

Tutor Signature

Date

Principal Signature

Date

Teacher Signature

Date