

Annapolis Valley Regional School Board
HOMEBOUND TUTOR SERVICE REQUEST
 (to be filled out by school principal and remitted to Student Services Coordinator)

Request Date: _____

Student Information:

Student's Name: _____ DOB: _____

School: _____ Grade: _____

School Contact Person: _____

Home Address: _____

Postal Code: _____

Guardian's Name(s): _____

Phone (H): _____ Phone (W): _____, _____

Request Background:

Reason for Absence from School: _____

Expected duration of absence is from: _____ to _____

Requested tutor hours/week: _____

Tutor's Name: _____ Address: _____

Phone (H): _____ Phone (W): _____

Outline of Program:

Please attach the following information to this referral form:

- 1) teachers
- 2) subjects
- 3) outline of program to be followed.

Principal Signature

Date