

**Cohoes City School District
Tutoring Request Form
2016 – 2017**

DATE: _____

STUDENT NAME: _____

GRADE: _____

SPECIAL EDUCATION REQUIREMENTS: YES

NO

SCHOOL NAME: _____

GUIDANCE COUNSELOR: _____

PARENT(S)/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

REASON: _____

PLEASE ATTACH MEDICAL DOCUMENTATION (Please remember a parent must sign a HIPPA release form if request is for medical reasons)

STAFF MEMBER ISSUING REQUEST: _____

PLEASE E-MAIL TO MEGAN BENNETT at MBENNETT@COHOES.ORG

TUTOR NAME: _____

LOCATION OF TUTORING: _____

START DATE: _____

END DATE: _____

APPROVED: _____

DENIED: _____

COMMENTS: _____