Thank you for your interest in becoming a Peer Tutor at Franklin Academy High School! This program is only open to rising students that obtain a GPA of an 80 or higher. Please complete this application and return it to either Mrs. Smith in the Library or Mrs. Gadway in room 144. Please note that the Peer Tutoring Program is a weekly commitment. Availability will be discussed once your application is accepted.

**Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all courses you are interested in tutoring:**

**\*\*\* Please have your instructor of the course you are interested in tutoring sign your mastery of the subject. \*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Instructor Signature of Approval** | **When did you take the course?** | **Grade Taken** |
|  |  |  |  |
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What are the specific courses you would like or prefer to tutor?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the periods and letter days you are available to tutor?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Period** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **After School-9** |
| **Letter Day** |  |  |  |  |  |  |  |  |  |

Do you participate in any clubs or sports at Franklin Academy? Yes No

If yes, please state the club or team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement**

As a peer tutor, I agree to hold the program and myself in the highest respect by abiding by the following rules and conditions. I understand that if I violate these rules and conditions in any way, my service in the program will be immediately terminated and I may be subject to disciplinary action as stated in the Student Handbook.

I agree to:

* Not divulge personal information such as home telephone number and address about a tutee to anyone without their written consent.
* Not divulge personal information such as class standing, G.P.A., class rank and individual grades about a tutee to anyone without their written consent.
* Not divulge classroom information such as knowledge of questions/answers on a test or quiz to any student.
* Not give copies of any past tests, assignments, quizzes, or projects to the tutee.

I have read and fully understand these rules and conditions for the Peer Tutoring Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date