SEATTLE CENTRAL BASIC & TRANSITIONAL STUDIES TUTORING PROGRAM STUDENT APPLICATION - FALL 2019

Filling out this application does NOT mean you will have a tutor ***You MUST fill out the **front** and **back** of the application***

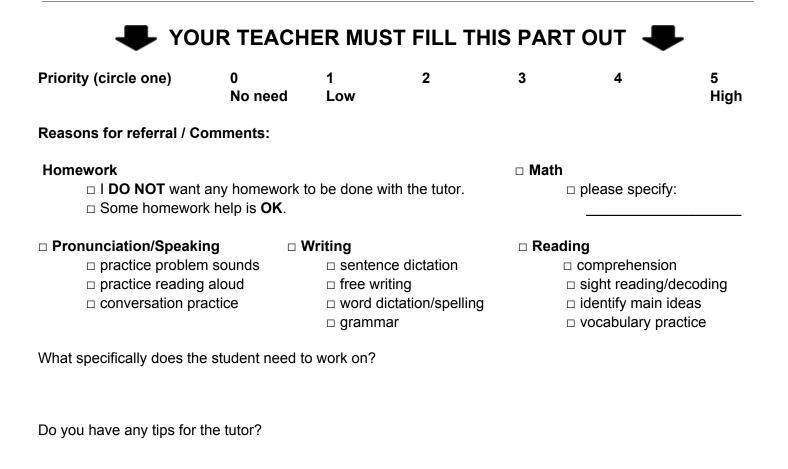
We will contact you if we have a tutor for you.

1. Name (first)				(last)					
2. Date									
3. Student ID#			4. Date of Bi	rth					
5. Preferred Pronouns (circle one)		He/Him	She/H	ler	They/Them				
6. What class are you in? (circle one)									
ESL 1	ESL 2	ESL 3	ESL 4A	ESL 4B	ESL 5A	ESL 081			
ABE GED				HS21					
7. Nationality 7. Language(s)									
8. Do you identify as having a disability you would like your tutor to know about? (OPTIONAL)									
Learning disability				_ □ Physical disability					
9. What is the best way to communicate with you			with you?	□ phone	□ email	□ in class			
Phone #: Email:									
10. Did you a	sk for a tutor	last quarter?	□ Yes	□ No					
11. Did you have a tutor last quarter?		□ Yes	□ No						
12. Are you repeating a class this quarter?		? □ Yes	□ No						
13. Anything	else you wan	t us to know? _							

14. Please check **ALL** possible days and times you can meet the tutor when you are **NOT** in class. Tutors and students meet 1 or 2 times a week for 1 hour.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	ı 8:00 am				
	ı 9:00 am				
	ı 10:00 am				
	ı 11:00 am				
	ı 12:00 pm				
AFTERNOON	ı 1:00 pm				
ALLENNOON	ı 2:00 pm				
	ı 3:00 pm	ı 3:00 pm	ı 3:00 pm	ı 3:00 pm	
	ı 4:00 pm	ı 4:00 pm	ı 4:00 pm	ı 4:00 pm]
EVENING	ı 5:00 pm	ı 5:00 pm	ı 5:00 pm	ı 5:00 pm]
	ı *6:00 pm	ı *6:00 pm	ı *6:00 pm	ı *6:00 pm]

*Mark 6 PM only if you do not take evening classes.



Teacher's Name ______ Teacher's Signature _____

Please return completed form to room 3124. If the door is closed, you can put them in the mailbox on the door.