

**APPLICATION FOR THE JOYCE B. EBNER VOLUNTEER TUTORING PROGRAM
SPONSORED BY THE MEDINA CITY SCHOOLS FOUNDATION**

TO BE FILLED OUT BY STUDENT:

Name _____ E-Mail _____
Address _____ City _____ Zip _____
Phone _____ Grade 9 10 11 12 Student ID # _____
Parents' Names _____ Phone _____
Study Hall Period(s) _____ Location _____ Counselor _____
Subject(s) that I Need Help With _____ Teacher(s) _____
Type of tutoring being requested: ☐ Math Lab group setting with teacher ☐ one-on-one peer tutoring
Preferred time for tutoring: ☐ during study hall ☐ during lunch

TO BE FILLED OUT BY CLASSROOM TEACHER:

What is the student's current grade? _____
How do you rate this student's effort? Good Fair Poor
Does this student regularly complete homework? Yes No
Is this student attentive in class? Yes Sometimes No
Does this student ask questions in class? Yes Sometimes No
Has this student seen you for any extra help? Yes No

TEACHER SIGNATURE _____

AGREEMENT

I understand that the Joyce B. Ebner Volunteer Tutoring Program is a non-profit program sponsored by the Medina City Schools Foundation. **I accept the responsibility of meeting with the assigned tutor for the assigned times.**

STUDENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____

☐ Please check if you would like information on how you can support the Foundation's Volunteer Tutoring Program

Any questions or concerns about the Joyce B. Ebner Volunteer Tutoring Program should be directed to Mrs. Kristin Racz in Room 1300 at the High School: phone 330-636-3258; e-mail mcsftutoring@medinabees.org.

PLEASE RETURN TO THE TUTORING CENTER (ROOM 1300)

For Office Use Only: Matched T/C informed