

FOG Readers – Student Information

Student Name: _____	Age: _____
School: _____	Grade: _____ Zip Code: _____

Parent Name: _____	How did you hear about FOG Readers? _____
Phone Number: _____	Email Address: _____

Times Available for Tutoring: Please circle **all** the times available to meet with a tutor. Please provide as many time slots as possible to help us match you with a tutor quickly.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	3:30 – 4:30 pm	10:30 - 11:30 am	12:30 – 1:30 pm
4:00 – 5:00 pm	4:00 – 5:00 pm	4:00 – 5:00 pm	4:00 – 5:00 pm	4:00 – 5:00 pm	11:00 - 12:00 pm	1:00 – 2:00 pm
4:30 – 5:30 pm	5:00 – 6:00 pm	5:00 – 6:00 pm	5:00 – 6:00 pm	4:30 – 5:30 pm	12:00 – 1:00 pm	2:00 – 3:00 pm
	6:00 – 7:00 pm	6:00 – 7:00 pm	6:00 – 7:00 pm		1:00 – 2:00 pm	3:00 – 4:00 pm
	6:30 – 7:30 pm	6:30 – 7:30 pm	6:30 – 7:30 pm		2:00 – 3:00 pm	4:00 – 5:00 pm
					3:00 – 4:00 pm	
					4:00 – 5:00 pm	

As a parent/guardian, I agree:

1. To encourage my child to strive for good study habits and attendance.
2. To make sure my child arrives on time and has transportation home.
3. To contact library staff as soon as possible if my child is unable to attend tutoring session.
4. To commit to meeting on a consistent basis at scheduled day and time.

Parent/Guardian Signature

Date