

Christ the King Continuing Ed Tutoring Request

Student Name: _____

Parent Name: _____

Address _____

Home Phone: _____

Day Phone: _____

Cel / Pager _____

E-Mail Address: _____

Current School _____ Grade: _____



Please complete the following information:

Subject: _____ Grade Level: _____

Week of: _____

Day Preferences: _____ Tuesday _____ Wednesday _____ Friday

Time Preference: _____ Number of Hours: _____

Please enclose a check payable to Christ the King Continuing Education for \$40 per hour of tutoring requested or fill in below if using a credit card:

I hereby authorize the use of my Visa, MasterCard, or American Express account.

Signature: _____ Date: _____

Visa, MasterCard, or AmEx, Card #: _____
(Circle One)

Expiration Date: _____ Amount Due: _____

For Office Use Only:

Tutor Assigned: _____ Date _____ Time _____ Hrs. _____

Amount Paid: _____ Date Pd. _____ Payment Type: _____