



11925 SW 72nd Street
Miami, FL 33183
(305)562-4683

Tutoring Request Form

Please complete this form and email to info@shapingacademy.com

Student's Name: _____ Grade: _____ Teacher: _____

Preferred Date(s)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
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Scheduling preferences are considered but will be up to the availability of participating tutors.

Description Of Tutoring Needs: _____

\$35/hour a day

Payments are deducted monthly from the funding source on file.

Coordination for makeup sessions are to be scheduled directly with the tutor.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____