



SNOQUALMIE INDIAN TRIBE K-12 TUTOR SUPPLEMENT FORM

This form is an additional form to the K-12 Benefit Application. It does not take the place of monthly attendance reports, progress reports or the invoice or statement for initial or continued payment to be issued to the tutor/vendor.

STUDENT INFORMATION

Name: _____ Birthdate: _____ Grade Level: _____

TUTOR INFORMATION

Tutor Name: _____

Mailing address: _____
Street City State Zip Code

Phone Number: _____ Email: _____

Proof of Private Tutor's teaching credential attached: please circle one: YES NO

Please note, a valid and relevant teaching credential must be turned in before payment will be issued.

Hours per month requested: _____ Tutor Fee per hour: _____/hr

Expected tutor start date: _____ Expected tutor end date: _____

STATEMENT OF ACADEMIC GOALS:

Please list the goals and objectives the tutor will help the student achieve: _____

How will you measure whether the student has achieved the outlined goals or objectives? _____

We the undersigned agree and understand that to receive continued funding, we will be required to submit attendance and progress reports and that the above information is true to the best of my knowledge:

Tutor Signature

Date

Parent Signature

Date