



Child's name: _____

Child's grade: _____

Parent's name: _____

Parent's phone number: _____

Please indicate the days/times you would be interested in tutoring opportunities:

____ Tuesday after-school from 4:10 to 5:30 p.m.

____ Thursday after-school from 4:10 to 5:30 p.m.

***Please remember all tutor students **MUST** be picked up on time.

***Thank you for your interest in the IDEAL Tutoring Program. If you have additional questions, please contact the school office at 414-267-1600 or email Mrs. Carter at carterjj@milwaukee.k12.wi.us.