



**Dar Al-Hijrah Volunteer Tutoring Program
Request for Tutoring Services**



Family Information

Parent Name: _____ (Mother / Father)

Phone: () - Email: _____

Parent Name: _____ (Mother / Father)

Phone: () - Email: _____

Child's Address: _____

Number of Children Interested in Tutoring Services (*4th Grade and Older*):

| Full Name | Grade | Gender | Subjects Needed |
|-----------|-------|--------|---|
| | | | <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> History |
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| | | | <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> History |
| | | | <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> History |

Program will begin with Saturdays, 11:00 AM – Thuhr. Does this work for your family? Yes / No

Other Days/Times that work for your family:

Day of Week (Circle): Su Mo Tu We Th Fr Sa

Hours (Circle): Weekday Evenings / Weekend Days / Weekend Evenings

I certify that all information on this form is accurate and up-to-date. Other pertinent documents will be submitted as requested.

Signature: _____

Date: _____