<b>х 4 Т</b> Е	TUTORING™	DI FACE DDINT	
DATE	TUTORING APPLICATIO	<u>PLEASE PRINT</u>	
NAME			
ADDRESS			
		ZIP CODE	
IOME PHONE	_CELLEMA	AIL	
OCIAL SECURITY NUMBE	R	_	
EDUCATION Degrees (including in process)	Academic Institution	City/State	
<b>VORK/TEACHING/TUTORI</b> School or Organization	City/State	Years	
TUDENT TEACHING EXPE			
EXPERIENCE IN AREAS OF	INTEREST (Subjects, Special Ed,	Learning Disabilities, Others)	
REFERENCES (Please include of JAME	contact information) PHONE NUMBER	EMAIL	

239-254-9807 ◊ fax 239-254-8267

www.AplusSkillsTutoring.com deb@aplusskills.com

TUTORIAL PREFERENCES				
Subject Areas	Grade levels			
Specialization (s)				
AVAILABILITY				
	Days		Hours	
ACADEMIC YEAR:				
SUMMER:				
CONTACT (in case of emer	rgency)			
NAME		PHONE NUMBER		
ADDITIONAL COMMEN	TS			

## **RELEASE/ACKNOWLEDGEMENT**

In consideration of my possible tutoring with A+ Skills Tutoring Service, Inc., I\_\_\_\_\_\_ give A+ Skills Tutoring Service, Inc. permission to conduct a background investigation which may include calling references, police checks and any other investigation which the Company may deem appropriate to screen childcare and education providers.

Also, in consideration of my tutoring with A+ Skills Tutoring Service, Inc., I agree to never directly solicit, for the purpose of providing tutoring services, any parent or student introduced by A+ Skills Tutoring without the Company's written consent. Should the parent or student solicit me, I agree to refer them to A+ Skills Tutoring Service, Inc. and not to work for the parent or student directly.

I also agree not to tutor for a competitive tutoring service during the time period I am tutoring with A+ Skills Tutoring Service, Inc. without the Company's express written consent.

Acknowledged and Agreed:

Name

Signature