

**PEER TUTORING APPLICATION  
RENFREW COUNTY DISTRICT SCHOOL BOARD  
MADAWASKA VALLEY DISTRICT HIGH SCHOOL**

Name: \_\_\_\_\_

**TWO TEACHERS' SIGNATURES ARE REQUIRED IN ORDER TO BE CONSIDERED FOR PEER TUTORING**

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Teacher Signature

**Are you working towards SHSM?**       **Yes**                       **No**

Arts & Culture    Construction    Transportation    Environment    Energy    Health & Wellness    Justice & Community Safety

**NUMBER OF PERIODS REQUESTED:**                      1                      2

**COURSE OR TEACHER PREFERRED:** \_\_\_\_\_

Write a paragraph describing:

**WHY DO YOU WANT TO BE A PEER TUTOR? OR WHAT DO YOU HOPE TO LEARN?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of days **ABSENT** last semester \_\_\_\_\_

Number of days **LATE** last semester \_\_\_\_\_

Main reasons for absences and lates: \_\_\_\_\_

**APPROVAL**

Parents/ Guardians must recognize that each student:

- will be interviewed by the teacher
- is to attend both in-school classes and the peer tutor classes as scheduled
- is to report any absence to both the teacher and the school
- will only receive credits after all log sheets and hours are complete

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_

Name

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number