



Application for Tutoring Support

MLIB Education Department, General Delivery, McLeod Lake, BC, V0J 2G0

Email: educationdirector@mlib.ca

Fax: (250) 750-4420

In accordance with *MLIB Elementary and Secondary Education Policy*
Protected when completed and submitted to the MLIB Education Department

INSTRUCTIONS FOR PARENTS/GUARDIANS/ELIGIBLE STUDENTS

1. Ensure the MLIB Education Elementary/Secondary Application Form has been completed and submitted to the MLIB Education Department.
2. Complete this form, the Application for Tutoring Support.
3. Provide the MLIB Education Department with proof that the student requires tutoring. Refer to the *MLIB Elementary and Secondary Education Policy* for details.
4. If tutoring support is approved, provide the MLIB Education Department with regular updates on effectiveness of tutoring services and an assessment of ongoing need.
5. Submit receipts for tutoring services to receive tutoring support.

STUDENT AND SCHOOL INFORMATION

Name of Student:

Date of Birth:

Grade:

Band Membership Number:

Name of Parent/Guardian:

Mailing Address:

City:

Province:

Postal Code:

Phone Number:

Email:

School Student is Enrolled:

School Year:

TUTORING INFORMATION

In accordance with section 6.3.9 of the *MLIB Elementary and Secondary Education Policy*, the MLIB Education Department may cover 50% of tutoring fees while parents/guardians are responsible for the remainder. There is no maximum amount of support that can be provided to eligible students. Funding will be provided upon submission of tutoring invoices by students or their parents/guardians within 30 days of the date the service was provided.

Source of recommendation that student requires tutoring support. (*please check all that apply*). Note that proof of need for tutoring services must be submitted with this application

Independent education plan

Learning assistant

Independent behaviour plan

After school homework club

Certified education assistant

Teacher Recommendation _____

Psych-ed assessment

Other (*please specify*)

Name of Preferred Tutor/Tutoring Service:

Mailing Address:

City:

Province:

Postal Code:

Phone Number:

Email:

Expected Duration of Tutoring Support (*please check all that apply*)

Full school year

Fall semester

Winter semester

Exam Preparation

PARENT/GUARDIAN CONSENT

By signing below, I agree that the eligible student will attend, and not be late for scheduled tutoring sessions. I understand that it is my responsibility to advise the tutoring service of any schedule changes. I also recognized that if I do not fulfill the requirements as set out by the *MLIB Elementary and Secondary Education Policy*, financial support for tutoring may be terminated or suspended.

Signature of Parent/Guardian

Date

OFFICE USE ONLY		
Date Received by Education Department:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Wait Listed
If not approved or wait listed, please provide explanation below:		
Name and Title of Education Department Representative:		
Signature:		Date:
TUTORING SERVICE OFFICE		
<input type="checkbox"/> Missed three (3) consecutive sessions	<input type="checkbox"/> Career analysis	<input type="checkbox"/> Other (<i>please specify</i>): _____
<input type="checkbox"/> Structure of Intellect Support (SOI) request		
<input type="checkbox"/> SOI testing request		
Recommendations		
Name of Tutoring Service Representative		Date: