Lutheran High School of St Charles County
A+ Tutoring/Mentoring: Form A

Student Name _____ _____ Graduation Year _____
Last Name First Name

Non-Profit Agency Name _____

Agency Address _____

Main contact/supervisor _____
Please provide the contact's phone number and email address

Describe the anticipated duties

_____

_____

_____

_____

_____

Supervisor's signature _____ Date _____

Parent's signature _____ Date _____

I agree to complete the agreed upon service with the above indicated supervisor to meet the tutoring/mentoring requirement of the Missouri A+ Schools Program. I understand that it is my responsibility to maintain records of the dates, hours, and activities of each session; as well as to obtain the initials of my service supervisor to confirm the completed tutoring/mentoring activities. I also agree to perform this service meeting the following conditions:

- Hours must be completed at a non-profit organization
- Hours may not be completed at an individual's home or private business
- Approval of the A+ Coordinator must be granted before the tutoring/mentoring activities take place
- Students may not miss class time to complete the tutoring/mentoring
- It is the student's responsibility to turn in hours to the A+ Coordinator
- All hours are due by May 1 of the student's senior year

Student's signature _____ Date _____

Office Use Only

Approved _____ Reason (if not approved) _____

Supervisor contacted _____