

Tucson Reading Tutor  
Linda Sawicki - 520-548-5519  
19289 S. Sonoita Hwy  
Vail, AZ 85641



# TUTORING CONTRACT

Student \_\_\_\_\_ Grade \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Mother \_\_\_\_\_ Cell # \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_ Cell # \_\_\_\_\_ Other \_\_\_\_\_

Other Contact \_\_\_\_\_ Cell # \_\_\_\_\_ Other \_\_\_\_\_

*Give a brief description of your child's learning needs and any medical diagnosis. If possible attach a brief note from your child's teacher.*

---

---

---

---

*Location - Saguaro Canyon Church 10111 E. Old Spanish Trail. Tucson, AZ 85748*

*Days/Times Day \_\_\_\_\_ Min \_\_\_\_\_ Time. \_\_\_\_\_ Day \_\_\_\_\_ Min \_\_\_\_\_ Time \_\_\_\_\_*

*# of Students. \_\_\_\_\_ Fee \_\_\_\_\_/Session. Adjustments \_\_\_\_\_*

*Check the Subjects to work on:* ☐ *Reading* ☐ *Math*

*Assessment and Set-up Fee. \_\_\_\_\_*

*Cancellations need to be made up at an agreed upon location, date, and time.*

*I, \_\_\_\_\_, agree to a **minimum of three months** of tutoring and to pay promptly at the end of each month.*

*Signature. \_\_\_\_\_*