



**Butte County Office of Education  
School Ties Program**

**TUTORING REQUEST FORM**

Name of Student DOB

Gender Living Situation

Name of Caregiver Caregiver Phone #

Student Cell Phone # Student email

Address

School Grade

Teacher/School Contact Info

Days/Hours Requested

Tutoring Location

Area of Help IEP?

Suggested Educational Goal

Is the student in danger of failing his or her current grade level?

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Referring Agency

Agency Contact Person Phone

Email

**CONTACT SCHOOL TIES WITH ANY QUESTIONS @**

**Email: Josh Indar – [jjindar@bcoe.org](mailto:jjindar@bcoe.org)**

**FAX - (530) 879-2341**

**PH - (530) 879-3780**

**Client Phone (Toll Free)1-866-280-9424**