

After/Before School Tutoring Sign-Out Sheet

Student Name _____

Date: _____ **Subject/Teacher:** _____

Comments/Signature: _____

Time in/out: _____

Counselor/Parent Signature: _____

Date: _____ **Subject/Teacher:** _____

Comments/Signature: _____

Time in/out: _____

Counselor/Parent Signature: _____

Date: _____ **Subject/Teacher:** _____

Comments/Signature: _____

Time in/out: _____

Counselor/Parent Signature: _____

Date: _____ **Subject/Teacher:** _____

Comments/Signature: _____

Time in/out: _____

Counselor/Parent Signature: _____

Date: _____ **Subject/Teacher:** _____

Comments/Signature: _____

Time in/out: _____

Counselor/Parent Signature: _____