

Emily Carr Secondary School Peer Assisted Learning Support P.A.L.S. P.A.L.S. TUTOR Application Form

Name:	Grade:	Date:
clarifying assignments. P.A.L.S. is a	cific subject area(s). Supp preparation, providing an vailable on Mondays and	•
I would like to provide support	_	g subject(s):
Check the day(s) you will be av Support Program.	ailable to be part of th	ne ECSS Peer Assisted Learning
Mondays 11:00 a.m 11:3Wednesdays 11:00 a.m 1		
Contact Information:		
Home Telephone #:		
Your Cell # (if you have one):		
Student Signature:		Date:
Parent Signature:		Date:

Important Note:

*Please return completed forms to the Student Success - room 102.

Teacher supervision will be provided during each tutoring session. Students are expected to adhere to YRDSB Information Technology Acceptable Use Agreement and follow the Caring and Safe Schools and School Code of Conduct.