



**school on wheels inc.**

P.O. Box 86133 • Los Angeles CA, 90086  
Phone: 213.896.9200 • Fax: 213.896.9222  
Website: [www.schoolonwheels.org](http://www.schoolonwheels.org)

## **Teacher/Tutor Communication Form**

**Student Name:** \_\_\_\_\_

**Tutor Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Dear Teacher,

I am tutoring \_\_\_\_\_ on a weekly basis to

Student Name – Please Print

improve his/her academic achievement. I want to do everything I can to help them be the best possible student in your classroom, and would like your help. I would very much appreciate it if you could provide your email address and phone number below to enable us to communicate and discuss my student's strengths and needs. Also, if you would, please use the comments area below to provide any information you think would help focus my tutoring sessions.

The attached Release of Information form signed by my student's parent/legal guardian is for your records. Thank you in advance for taking the time to communicate with me about my student's progress.

**Teacher Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Comments:**

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## **Release of Information**

I, \_\_\_\_\_, as the parent/legal guardian of  
Parent/Legal Guardian Name – Please Print

\_\_\_\_\_, hereby give my permission to  
Student Name – Please Print

\_\_\_\_\_ to speak with my child's teacher(s) to plan  
Tutor Name – Please Print

educational goals for them as well as to request academic records and supplemental materials for activities during tutoring sessions.

Please check one:  Yes  No

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please retain for your records