

Charter High School for Architecture + Design

Supplemental Educational Services Registration and Agreement Form
2009-2010

Section 1: To be completed by CHAD student and parent

NAME OF STUDENT: _____

NAME OF GUARDIAN: _____

ADDRESS:

PHONE NUMBER (s): _____

Guardian Signature Date

Section 2: To be completed by approved tutoring agency representative:

TUTORING AGENCY NAME: _____

TUTORING AGENCY ADDRESS:

TUTORING AGENCY PHONE #: _____

TUTORING AGENCY FAX #: _____

DATES AND TIMES OF TUTORING: (PLEASE CHECK TUTORING AREAS)

_____ MATH
_____ READING

START DATE: _____ END DATE: _____

NUMBER OF HOURS: _____

Representative Signature Date

Section 3: To be completed by appointed CHAD staff member:

School Payment Agreement:

The above name student is entitled to receive tutoring services in the amount of and not to exceed \$400.00 Invoices must be mailed to---

Charter High School for Architecture + Design
105 S. 7th Street
Philadelphia, PA 19106

CHAD Administrative Signature Date

BEFORE ANY SERVICES MAY BEGIN, SECTIONS 1, 2, AND 3 MUST BE COMPLETED AND SIGNED.