



Wichita and Affiliated Tribes
Education Services Department

P.O. Box 729 - Anadarko, OK 73005
Telephone (405) 247-8612 - Fax (405) 247-5687
www.wichitatribe.com

Tutor.Com Application
FY-20__

Student's First Name: _____ Last Name: _____ Date of Birth: __/__/__

Parent/Guardian Name: _____

Address: _____

Phone: (____) ____ - _____ Email: _____ Current Grade: _____

School Name: _____ School Location (City and State): _____

Type of tutoring assistance needed (please explain): _____

Will you be able to attend an online meeting to create user account and attend a quick tutorial on how to use Tutor.com services? _____ If yes, please share available dates and times:

Check One: Fall Semester __ Spring Semester __ Both semesters __

Please Submit:

- (1) Completed Application
- (2) Copy of Wichita and Affiliated Tribal Enrollment Verification

PLEASE READ BEFORE SIGNING: I understand that the above information, if false, may lead to the disapproval of this application. I certify that the information is true and correct to the best of my knowledge. I will submit my/the student's grade(s), certification, and/or course completion certificate to the Wichita Tribe Education Services Department upon the end of the course. Parent/Guardian must sign if student is under the age of 18.

Printed Name

Signature

Date