

Name: _____ Teacher: _____ Science Period: _____

Reason for Tutorial

Give specific details/titles about assignments or lessons needed for re-teach or re-do

Take responsibility as a student and make your appointment with your teacher.

Circle One

Monday- PreAP Re-do
 Tuesday- PreAP Re-Teach
 Wednesday- PreAP Re-Teach
 Thursday- PreAP Re-do

Date of Tutorial: / / Time: 8:15am to 8:40am

Student Signature:

Name: _____ Teacher: _____ Science Period: _____

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