Reading Scholarship Part-Time Tutoring Service Form

Tutor and Student Information

Tutor’s Name (First/Last): ____________________________________________
Florida DOE License Number: _________________________________________
Qualifying Documentation (if no DOE license): ____________________________
Note: please refer to the Reading Scholarship Account Handbook for other valid qualifications.
Student’s Name (First/Last): ___________________________________________
FLEID Number: ______________________________________________________

Tutoring Services

Please list each date that the student was tutored below:

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<th>Date (mm/dd/yy)</th>
<th>Number of hours</th>
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Tutor’s Hourly Rate: ____________ Total Amount Due: ______________________

Signatures Required

Tutor: I certify that I provided reading tutoring services to the student above on the date(s) of service listed.
Print Name: ___________________________ Signature: _________________________

Parent/Guardian: I certify that the above-mentioned services were rendered to my student by the provider listed above.
Print Name: ___________________________ Signature: _________________________

Notes

- This form MUST be completed by the Tutor who rendered services to the Student.
- Proof of Payment MUST be attached for payment to be reimbursed to the Parent/Guardian. Please see the Reading Scholarship Account Handbook for examples of acceptable forms of payment.
- Cash payments can NOT be reimbursed.