



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:

Date (mm/dd/yy)	Number of hours

Date (mm/dd/yy)	Number of hours

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.