

Chanticleer Center for Literacy Education
Request for Student Tutoring

Today's Date: _____ Referred by: _____

Name of Child: _____

Birthday: _____ Age: _____ Grade: _____

School: _____

Parent/Guardian of Child: _____

Address: _____

Preferred Phone Number: _____

Secondary Phone Number: _____

Preferred Email Address: _____

What concerns do you have about this child's reading, writing and spelling?

Please indicate the days and times that best suit your schedule.

For more information about the **Chanticleer Center for Literacy Education (CCLE)**:

www.coastal.edu/literacy 843-349-4076

Please return this form to **chanticleerliteracylab@coastal.edu** or fax to **843-349-2940**.

Request completed by: _____