MLSC High School Tutoring Enrollment

Student Name: ________________________________ Date: ____________

Semester: (Fall/Spring, Year) ________________________________

High School: __________________ IF OSU Student CWID #: __________________

Student Email (optional): ________________________________

Parent Name: ____________________________________________

Parent Email: ____________________________________________

Telephone: ______________________ Teacher: __________________

Math Course: __________________ Grade Level: ______________

Note: If you are currently enrolled at OSU, you do not need to pay. Please submit this form and a copy of your OSU ID.

Form of Payment _________ Check Number _________

Staff Initials ________

Please return this form along with a check for $35 to the 401 Math Sciences office (8am-5pm) or put in the mail drop slot outside of the office door. Or Mail it to: Mathematics Department, Attn: High School Tutoring, 401 Math Science, Stillwater, OK 74078. Or bring to the MLSC when the student comes for tutoring.