

MLSC High School Tutoring Enrollment Form

Student Name: _____ Date: _____

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. Make checks payable to "OSU Mathematics Department"