

Alliance Française Mpls/St Paul Private Tutoring Info Sheet

Name of contact: _____

E-mail: _____ Phone #: _____

Class location: In-Person at AFMSP | Online | Off Site If off site, what location? _____

of students: _____

Name(s): _____

Day & time preferred: 1 _____
(In order of preference) 2 _____
3 _____

French experience & goals:

Informed teachers: _____ Date: _____

Teacher assigned: _____ Date: _____

Date: _____ Contract signed: _____