

**Tutoring Registration Form  
Moses Greeley Parker Memorial Library  
Dracut, Massachusetts**

Date: \_\_\_\_\_

THE TRUSTEES MEET ONCE A MONTH, THEREFORE YOU WILL NEED TWO MONTHS LEAD TIME TO PROCESS YOUR APPLICATION. APPROVAL / DISAPPROVAL WILL BE COMMUNICATED DIRECTLY, IN WRITING, TO THE APPLICANT AFTER EACH MEETING. THE DECISION WILL BE COMMUNICATED TO LIBRARY STAFF AT THAT TIME. THE TRUSTEES WILL MEET TO CONSIDER AN APPEAL OF A REJECTION REQUEST IF SUBMITTED IN WRITING.

NOTE: NO ROOM RESERVATION IS COMPLETE UNTIL A COMPLETED SIGNED ORIGINAL OF THIS FORM IS ACTUALLY RECEIVED BY LIBRARY STAFF. PLEASE MAKE A COPY OF THIS FORM FOR YOUR FILES BEFORE SUBMITTING IT, AND CONFIRM WITH STAFF THAT YOUR RESERVATION HAS BEEN BOOKED. PLEASE READ "THE MEETING ROOM POLICY" THOROUGHLY BEFORE SIGNING THIS FORM. THIS FORM CONSTITUTES AN AGREEMENT THAT YOU WILL ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THE POLICY.

ONLY TUTORS OPERATING IN CONJUNCTION WITH THE DRACUT SCHOOL SYSTEM OR A TRUSTEE APPROVED ORGANIZATION WILL BE GRANTED USE ON AN "AS AVAILABLE" BASIS. *Tutors may not use the facilities for a private business.*

THE FOLLOWING RESIDENT OF DRACUT, MASSACHUSETTS, WHO HAS SIGNED BELOW, AFFIRMS THAT USE OF AN AREA OF THE LIBRARY HAS AN EDUCATIONAL PURPOSE. SAID PERSON WILL BE CALLED BY A MEMBER OF THE STAFF, OR CAN ACCESS CLOSING INFORMATION BY PHONING THE LIBRARY, IN THE EVENT OF A WEATHER PROBLEM OR OTHER EMERGENCY THAT WOULD NECESSITATE CLOSING THE LIBRARY.

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PRINT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TUTOR'S AFFILIATION: \_\_\_\_\_

NO. SESSIONS EA. WEEK: \_\_\_\_\_

TRUSTEES APPROVAL/DISAPPROVAL: \_\_\_\_\_

APPEAL REQUESTED? \_\_\_\_\_

APPEAL RESULT: \_\_\_\_\_

\*SEE ATTACHED FOR APPEAL RESPONSE: YES NO