**Tutor Program Application for Enrollment**

Offering expanded learning opportunities that facilitate academic excellence and positive youth development in a safe and structured environment for all students and their families.

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_ Email (please complete so you can be contacted via email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all persons AUTHORIZED to pick up your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons NOT AUTHORIZED to pick up your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we photograph and/or video tape your child during activities?

Yes No

**Academics**

Please indicate in which area(s) help is needed:

Reading\_\_\_\_\_\_\_\_\_ Spelling\_\_\_\_\_\_\_\_\_ Writing\_\_\_\_\_\_\_\_\_\_ Math\_\_\_\_\_\_\_\_\_\_

Which special services are being received at school?

None\_\_\_\_ IEP\_\_\_\_ 504\_\_\_\_\_ Title One\_\_\_\_\_ Special Education Label\_\_\_\_\_\_\_\_\_\_

Any diagnoses that affects your child’s learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION IS REQUIRED FOR EACH STUDENT BEFORE THEY CAN ATTEND. ONLY ONE REGISTRATION PER STUDENT PER YEAR IS NEEDED UNLESS CHANGES ARE MADE.