

Northstar Tutoring

Student Application

TO APPLY: Please fill out a separate application for each child applying. **All questions must be answered for a student to be admitted.** If you have any questions, please contact Jennifer Townsend at JTownsend@northstartutoring.org or 202-695-2982.

Tutoring Information

I would like my student to attend: _____ **Tuesdays** _____ **Wednesdays** _____ **Both**

Student and Family Information

Student's Full Name: _____

Date of Birth: _____ Gender: _____ Grade: _____

Student Cell Phone: _____ Student Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student lives with: _____ Mother and Father together _____ Father full time
_____ Mother full time _____ Time split between parents
_____ Other (Please explain) _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Place of Work: _____ Position/Title: _____

Work Phone: _____ Email Address: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Place of Work: _____ Position/Title: _____

Work Phone: _____ Email Address: _____

Emergency Contact (**emergency contact cannot be the parents listed above and will be contacted in case of emergencies if parents cannot be reached**):

Name: _____

Relationship to child: _____

Phone number: _____

Does your child have any behavioral issues? If so, please explain _____

Are there any subjects in particular that you think your child needs to focus on during tutoring sessions?

Annual Household Income: _____ (**this question is intended for Northstar's reporting purposes and must be answered**).

How many people living in your household: _____

How did you hear about Northstar Tutoring (if through an existing Northstar parent, please include their name): _____

Language(s) spoken at home: _____

School Information

School Name: _____

Teacher(s) Name(s): _____

Has your child ever been retained (and if so, in which grades)? _____

Is your child enrolled in special education classes? _____

Health Information

Does your child have any medical conditions that Northstar Tutoring should be aware of (asthma, allergies, etc.?) *Please note that Northstar Tutoring provides snacks during tutoring sessions and include information on food allergies* Yes No If so, please explain

Is your child covered by accident/medical insurance? Yes No

Who is the Health Care Provider? _____

Northstar Tutoring operates at the Latin American Youth Center (1419 Columbia Rd. NW) every Tuesday and/or Wednesday from 6:30-8:00 pm. Can you provide transportation to and from tutoring session for your child? Yes No

I give my permission for:

Northstar Tutoring to access my child's report card and standardized test scores: Yes No

My child to attend field trips with Northstar Tutoring: Yes No

Northstar Tutoring to use photos, video and film of my child to promote Northstar Tutoring: Yes No

Additional questions/comments:

Should it be necessary for my child to have medical treatment while participating in an activity, I hereby give Northstar Tutoring personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected by Northstar Tutoring personnel to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian Initials _____

All persons participating in activities of Northstar Tutoring are deemed to have waived all claims against Northstar Tutoring and its volunteers for injury, accident, illness, or death occurring or by reason of a Northstar Tutoring related activity. I have read and understood the foregoing statement and agree to assume the responsibility stated and waive all claims.

Parent/Guardian Initials _____

This form authorizes Northstar Tutoring staff and volunteers to contact my child's school (by letter, phone or visit) to request information from my child's classroom teacher, principal, counselor, or resource teacher. Additionally, I authorize Northstar Tutoring to contact other service providers to share information pertinent to my child's academic progress. School staff may provide a copy of my child's report card and standardized test scores to Northstar Tutoring staff and volunteers in order to support my child's participation in Northstar Tutoring.

Parent/Guardian Signature Parent/Guardian Name (printed) Date

Attendance and Participation Contract

The Northstar Tutoring student, _____ will attend every tutoring session from 6:30 PM – 8:00 PM on the night(s) I selected above at the LAYC (1419 Columbia Rd., Washington DC 20009). Failure to attend or stay for the entire session may result in his/her removal from the program. I understand the Northstar Tutoring expectations for my child and will agree to help Northstar Tutoring enforce them.

Parent/Guardian Signature Parent/Guardian Name (printed) Date

Behavior Contract

The Northstar Tutoring student _____ will attend every tutoring session with a positive attitude and respect towards others. The student will understand that Northstar Tutoring offers a positive community to learn and grow and therefore will not tolerate bullying, negative behavior, unwillingness to work or follow directions, or disrespect towards adults and the fellow students. Failure to abide by any of these rules will result in his/her permanent removal from the program. I understand the Northstar Tutoring expectations for my child and will agree to help Northstar Tutoring enforce them.

Parent/Guardian Signature Parent/Guardian Name (printed) Date

Safety Contract

The Northstar Tutoring student _____ will not bring any form of a weapon to tutoring. The student understands that Northstar Tutoring provides a safe and secure atmosphere for each student to learn and grow and there is no tolerance for any device that may harm the student or others. Failure to abide by this rule will result in his permanent removal from the program. I understand the Northstar Tutoring expectations for my child and will agree to help Northstar Tutoring enforce them.

Parent/Guardian Signature Parent/Guardian Name (printed) Date

Photograph, Video and Film Release Contract

I, _____ agree to allow Northstar Tutoring to take, use and post pictures, including film and video, taken of myself and other family members (other than my child who receives tutoring and whom I have provided permission for in the Student Application) during Northstar tutoring sessions and other activities and/or events. Photographs may be used for the advertising, promotion and other purposes by Northstar Tutoring and may be posted on the internet, which may include the Northstar Tutoring website.

I, _____ **do not** agree to allow Northstar Tutoring to use pictures, video and film taken of me and my family members

Parent/Guardian Signature Parent/Guardian Name (printed) Date

NORTHSTAR TUTORING EXPECTATIONS

1. The student will attend tutoring each week, on-time, unless he or she is ill. If he or she is ill, Northstar Tutoring (202-695-2982) must be notified. If the student has more than two unexcused absences a semester he/she may be dismissed from the program.
2. The student will listen to and follow every direction given by a Northstar Tutoring adult.
3. The student will not yell, hit, or curse. If he or she hits someone, suspension will be immediate.
4. The student will bring homework every week, even if it has been completed, as doing so will yield a more productive tutoring session.
5. The student will not run or yell during tutoring, as these behaviors are disruptive and rude to others who want to learn in a safe and calm environment.

EXPECTATIONS & CONSEQUENCES ACKNOWLEDGEMENT

I have reviewed Northstar Tutoring's expectations and consequences with my child. He or she understands and agrees to follow them. I agree to help Northstar Tutoring enforce them.

Parent/Guardian Signature

Date

Student Signature

Date