**After-School Tutoring Application for Academic Year 2015-2016**

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Boy\_\_\_\_\_\_ Girl\_\_\_\_\_**

**Student’s email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent /Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Last

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Apt./Fl.

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Home Phone # Cell #

**School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Address Phone #

**Primary Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Day/Time for Tutoring** (all sessions are conducted at the Montclair Public Library- 3rd Floor)

**Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_\_** (check all available days)

**3:00-4:00\_\_ 3:30-4:30\_\_ 4:00–5:00\_\_ 4:30-5:30\_\_ 5:00-6:00\_\_** (check all possible times)

**Areas in Need of Academic Support:**

**Math\_\_\_\_ Reading Comprehension\_\_\_ Reading Fluency\_\_\_**

**Writing\_\_\_ Vocabulary\_\_\_ Science\_\_\_ Social Studies \_\_\_\_\_**

**Describe any academic, behavioral or social issues that affect your child’s ability to learn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**My child participates in the following after-school activities: Sports\_\_\_ Theatre\_\_\_ Music\_\_\_ Other\_\_\_** (check all that apply)

**Tutoring Policies**

1. **Two unexcused absences will result in ineligibility to participate in this tutoring program.** If your child is unable to attend the scheduled tutoring session, **you must call (973-746-0553) or (973-558-1283) or email info@succeed2gether.org by noon the day of the session** in order to avoid incurring an unexcused absence.

2. **The student must be on time.** Each student must check in with the Program Director when they arrive at the Montclair Public Library.Persistent tardiness will result in a warning to the parent and may lead to expulsion from the program.

3. **Respect for others, their or the library’s property as well as all policies of the Montclair Public Library must be adhered to.** If your child violates this code of behavior during a scheduled session, you will be notified and a meeting scheduled for you, your child and the director.

 4.**The cancellation of tutoring due to weather conditions will follow the Montclair School District (MSD) guidelines*.*** If school is in session there will be tutoring. If MSD after school activities are cancelled, tutoring will be cancelled. In the event of deteriorating weather conditions during the day, by noon we will make a decision about cancelling tutoring for the day and notify you**(by email or “the best way to reach you”).**

5. **The Montclair School District calendar and updated school closing information can be found at** [**www.montclair.k12.nj.us**](http://www.montclair.k12.nj.us/)**. NOTE: Normal tutoring schedules will be held on early dismissal days.**

6. Succeed2gether is not responsible for your child’s transportation to and from the Montclair Public Library.

**7. Provide Succeed2gether with Income Verification and last school year’s report card/testing results**

***This application is an acknowledgement of your child’s participation in the Succeed2gether After-School Tutoring Program. By signing this application you are authorizing and giving permission for your child to participate in our tutoring program. Adding your initials will give us permission to contact your child’s teachers’ to discuss appropriate curriculum for your child.***

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian** **(print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Please return this signed and completed application, income verification and report card to Succed2gether:**
	+ - **In Person: 11 Pine Street, Montclair**
		- **Via Email:** **info@succeed2gether.org**
		- **Via Mail: P.O. Box 1355, Montclair NJ 07042**

**Income Verification/Documentation**

**REQUIRED TO START TUTORING**

**Total number of Persons in household \_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL\* annual income for the household \_\_\_\_\_\_\_\_\_\_\_\_**

**\*Include income from wages, welfare, child support, alimony, pensions, retirement, SSI and unemployment**

**Please provide us with ONE of the following: Current Income Tax Return, 1099 or current W-2 Form.**

**Directions:** Please list all individuals and their income that are living in the household of the person receiving our services and include all documentation for those individuals.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY ZIP CODE

Household size (include all persons who reside at above address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List ALL by name residing at above address (including person above):**

**Name Age Relationship in household Income\***

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This information is for statistical purposes only. Please identify the person receiving service in one of the categories below.

**Name of person receiving service**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **RACE**  | **Hispanic or Latino****A** | **Non-Hispanic or Non-Latino****B** |  |
| White |  |  | 1 |
| Black/African-American |  |  | 2 |
| Asian |  |  | 3 |
| American Indian/Alaskan Native |  |  | 4 |
| Native Hawaiian/Other Pacific Islander |  |  | 5 |
| American Indian/Alaskan Native & White |  |  | 6 |
| Asian & White |  |  | 7 |
| Black/African-American & White |  |  | 8 |
| American Indian/Alaskan Native & Black/African-American |  |  | 9 |
| Other Multi-Racial |  |  | 10 |