

For Office Use Only

Date Received: ___/___/___
Income Verification _____
Report Card/Testing _____
Complete _____



Building the future, one child at a time

After-School Tutoring Application for Academic Year 2015-2016

Student's Name: _____ **Student's Grade:** _____
First Last

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:

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



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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. 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 Succeed2gether:**
 - In Person: 11 Pine Street, Montclair
 - Via Email: info@succeed2gether.org
 - Via Mail: P.O. Box 1355, Montclair NJ 07042



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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 W2 form, 2014 Income Tax Return, 1099.

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*

1. Our grantors require income verification. All personal information is kept strictly confidential. No application will be processed without all documentation. This information is used for verification and statistical purposes only.