



SUCCEED2GETHER
BUILDING OUR FUTURE, ONE CHILD AT A TIME

For Office Use Only

Date Received: ___/___/___

Income Verification _____

Report Card/Test _____

Teacher Contact Info _____

Lexile _____

Complete _____

After School Tutoring Application 2017-18

Please Note: Each applicant must submit:

- Most recent report card
- Copy of standardized test result if available
- Teacher name and contact information
- Lexile reading level

Student Name: _____ Date of Birth _____ Grade _____ M/F _____

Student email: _____ Student 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 _____
Name Address Phone #

Primary Teacher Name _____

Primary Teacher Email/Phone _____

Do We Have Your Permission to Speak with Your Child's Teacher? _____

Best Day/Time for Tutoring (all sessions held at 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_____ Writing_____ Science_____ Social Studies _____ Book Buddy _____

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

List any known allergies, illnesses or other needs requiring accommodation:

My child participates in the following after-school activities: _____

Does your child have an IEP? (optional) _____

Will you participate in a literacy workshop for families during the academic year? _____

Tutoring Policies

- 1. Three unexcused absences will result in ineligibility to participate in this tutoring program.** If your child is unable to attend the scheduled tutoring session, **call (973-746-0553) or (201-294-8707) or email info@succeed2gether.org by noon the day of the session** to avoid incurring an unexcused absence.
- 2. Students 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. Students must respect others and abide by all policies of the Montclair Public Library.** If your child violates this code during a scheduled session, you will be notified and a meeting scheduled for you, your child and the director.
- 4. Tutoring cancellations due to weather conditions will follow the Montclair School District.** If school is in session there will be tutoring. If Montclair’s after-school activities are cancelled, tutoring will be cancelled. In the event of deteriorating weather conditions during the day, we will decide by noon whether to cancel tutoring for that 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.**
- Succeed2gether is not responsible for your child’s transportation to and from the Montclair Public Library or for your child’s care before or after their tutoring session.
- 7. New: All applicants must provide Income Verification, a most recent report card and standardized test result (if available to parent); Lexile reading level; and a teacher name and contact information in order to be scheduled for a first tutoring session.**

This application is an acknowledgement of your child’s participation in the Succeed2gether After School Tutoring Program. By signing this application, you are giving permission for your child to participate in our tutoring program. Adding your initials will give us permission to contact your child’s teacher to discuss the most effective way to tutor your child.



Parent/Guardian Signature _____

Date _____

Parent/Guardian (print name) _____

Initials _____

- **Please return this signed and completed application; income verification; report card and standardized test result; and teacher name and contact info to Succeed2gether:**
 - 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 _____

| 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 |



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