



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 2020-2021

Please Note: Each applicant must submit: Most recent report card,
Teacher name and contact information

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

Student email: _____ Student Cell #: _____

Parent /Guardian: _____ Email: _____
First Last

Address: _____

City _____ State _____ Apt. / Fl _____
Street 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 are virtual via Zoom)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ (check all available days)

2:00-3:00 ___ 3:00-4:00 ___ 4:00-5:00 ___ 5:00-6:00 ___ 6:00-7:00 ___ (check all possible times)

Best Day/Time for Book or Math Buddy (all sessions are virtual via Zoom)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ (check all available days)

2:30-3:00 ___ 3:00-3:30 ___ 3:30-4:00 ___ 4:00-4:30 ___ 4:30-5:00 ___ (check all possible times)

Areas in Need of Academic Support:

Please number the areas by order of importance: 1 being the first subject of concern to 6 being the last.

Math ___ Reading ___ Writing ___ Science ___ Social Studies ___ Book or Math 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: _____

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

Tutoring Policies

Please keep this copy.

1. **For liability purposes**, these online tutoring sessions will be recorded and monitored by S2G staff or volunteer monitors.
2. Families/students **MAY NOT** communicate via email, text messages, phone calls, or other methods with a tutor at any time. If communication outside of a Zoom session is necessary, the message will be relayed via Succeed2gether. All communications must be directed to Succeed2gether.
3. **Three unexcused absences will result in ineligibility to participate in this tutoring program.** If your child is unable to attend the scheduled tutoring session due to holidays, appointments, or conflicts of any kind, **call (973-746-0553) or (973-558-1283) or email info@succeed2gether.org by noon the day of the session** to avoid incurring an unexcused absence.
4. **Students must be on time.** Students and tutors must begin and end at the scheduled time. Each session is only 1 hour long and will end promptly.
5. **Students must be respectful during tutoring sessions.**
6. **Succeed2gether will not follow Montclair Public School Calendar for closures due to holidays or inclement weather.** If a student is unable to attend tutoring due to school closure or conflicts please inform us twenty-four hours in advance so that we can inform the tutor.
7. **For grant purposes, all applicants must provide income verification, a most recent report card; Lexile reading level; and a teacher name and contact information 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:

(1) In Person (Appointment Required): 11 Pine Street, Montclair (Call to schedule an appointment)

(2) Email: info@succeed2gether.org



(3) 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*

Name of person receiving service _____

Please identify the person receiving service in one of the categories below.

This information is for statistical purposes only.



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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



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