

Literacy Council of Sumner County

Student Application

Student Information	
Name	Date
Address	Home Phone
City, State Zip	Cell Phone
Employer	Work Phone
Email	
Emergency Contact Person	Emergency Contact Phone
How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend	
Other languages spoken	

For Statistical Purposes Only (Voluntary information)	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday_____
Marital Status_____	Race_____

If student is a minor, complete parent or guardian information below.	
Name	Date
Address	Home Phone
City, State, Zip	Cell Phone
Employer	Work Phone
Email	

Education	
Highest grade completed	School
Tell us about your experience:	

Conditions that may affect tutoring (vision or hearing impairment, mental, physical or learning disability, ADD, ADHD, etc...)

Previous tutoring received:	
Subject(s)	When

Tutoring Needs:	
Reading ___ Writing ___ Grammar ___ Math ___ ESL ___ Other ___	
How many hours per week are you available for tutoring?	
What times?	
What days?	
Location/town?	
What age tutor do you prefer?	Male or Female?
Any other preferences?	

What are your interests and hobbies?

Notice to all applicants: The Literacy Council of Sumner County (LCSC) reserves the right to conduct background checks on all applicants. This document and all other applicable forms will be secured and filed according to LCSC Board of Directors published guidelines.

RELEASE OF INFORMATION

I, _____ give permission to the Literacy Council of Sumner County to release information about my/my child's test results and other information pertinent to my/my child enrolling in in the Literacy Program. This information will be shared only in confidence with the assigned tutor and/or teacher.

STUDENT CONTRACT (to be read to student)

I want to enter the student tutoring program. Therefore, I promise to do daily homework as assigned by my tutor. I do understand and admit that regular and daily attention to my studies will increase my skills. I will remember to be goal-oriented and to respect the energies of my tutor.

WAIVER AND RELEASE FOR STUDENTS

In consideration of my being allowed to be involved in the literacy program sponsored by the Literacy Council of Sumner County (LCSC), I hereby agree to release and forever discharge the LCSC and all its volunteers, employees, officials, directors and agents, for any and all claims, demands, actions and lawsuits for injuries and expenses sustained and/or incurred to my person and/or property as a result of my involvement with LCSC. I understand that as a participant my activities may involve physical activity, contact with unidentified and unfamiliar persons, travel, and other potential risks of injury to me and my property, and I hereby assume all such risks.

Signature _____

Print Name _____

Parent or Guardian _____

Address _____

City, State, Zip _____

Date _____

Witnessed by _____

LCSC Board of Directors does not approve of:

- 1.Meeting in a home or other non-public location.
- 2.Allowing tutor or student to provide transportation for tutoring session.
- 3.Conducting tutoring session of a minor without parental (or guardian) supervision.
- 4.Not keeping scheduled appointments.
- 5.Having others besides parents/guardians attend sessions.

LCSC Notes:

Date of interview _____ Date enrolled _____ Date closed _____