



School Year Tutor Program Application for Enrollment

Today's Date _____

Name of Student _____ Age _____ Date of Birth ____/____/____

Name of Parent or Guardian _____

Street Address _____ City, State, Zip _____

Home phone _____ Work phone _____ Cell phone _____ E-Mail _____

School Attending _____ School Phone Number _____

Teacher Name _____ Grade _____

Academics

Please indicate in which area(s) help is needed:

Reading _____ Spelling _____ Writing _____ Math _____

Which special services are being received at school?

None _____ IEP _____ 504 _____ Title One _____ Special Education Label _____

Any diagnoses that affects your child's learning? _____

Tutoring

You may sign up for one tutoring session, either group or individual, per week. Please indicate your first, second and third preference. Other times may be available.

<u>Individual Tutoring Times</u>	<u>Group Tutoring Times</u>
3:00 - 4:00 p.m. Mon. ____ Wed. ____ Fri. ____	3:00 - 4:30 p.m. Mon. ____ Wed. ____ Fri. ____
3:30 - 4:30 p.m. Tues. ____ Thurs. ____	3:30 - 5:00 p.m. Mon. ____ Tues. ____ Wed. ____ Thu. ____ Fri. ____
3:45 - 4:45 p.m. Mon. ____ Tues. ____ Wed. ____ Thu. ____ Fri. ____	*NOTE* Most tutors are volunteers. The tutor will contact the parent/guardian when an opening is available.
4:00 - 5:00 p.m. Mon. ____ Tues. ____ Wed. ____ Thu. ____ Fri. ____	

How does your child learn best? Do you have any suggestions for your child's tutor? _____

Parents, Let's Unite for Kids (PLUK) Tutor Program Agreement

As a student in Parents, Let's Unite for Kids (PLUK) Tutor Program, I understand that I am responsible for the progress I make while in the program which is affected by how hard I work and my attitude. My tutor will lend assistance, but will not do the work for me.

I Agree:

- To attend all scheduled tutor sessions. If I am unable to attend, I will notify my tutor at least 24 hours in advance. In case of illness, I will notify my tutor at least one hour in advance.
- That services will be terminated if there are chronic absences or if I fail to call two times.
- To bring in any homework that I might have and be ready to work with my tutor.
- To have a good attitude about being a part of the Program.
- That services will only last eight weeks, and then, if I would like to continue tutoring, I will be put on the waiting list for at least 4 weeks.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Please mail completed form to:

PLUK
516 N 32nd St.
Billings MT 59101-6003