

Seneca Nation Education Department

Allegany Territory

Application for Tutoring Services

2018-2019

Tutoring begins October 1, 2018

Telephone: 716-945-1790 or 716-945-8119 Extension: 3110 or 3108

TUTORING SERVICES APPLICATION

| Student Name: | Grade: |
|------------------|----------|
| Teacher: | School: |
| Parent/Guardian: | Phone #: |
| Address: | Email: |

Academic release: (please check the items below that apply)

- □ I give permission for the Allegany Education Department tutoring services to work with my child and have access to all pertinent academic information. This shall include, but not limited to, grades attendance and educational plans etc. I understand that any information gathered will be kept confidential and only used to provide a greater opportunity for my child to learn.
- □ I am responsible for transportation if bussing is not available.

I grant permission for:

<u>Tutoring Services</u> (Held at the ACC)

Days my child will attend tutoring after school:

____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

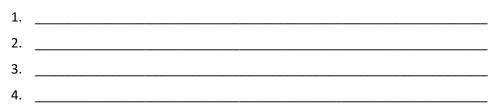
*All students must be picked up by 5pm

Enrichment Services (Held in the Junior-Senior High school)

Days my child will attend tutoring after school:

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

Subject areas needing assistance:



Permission/Waiver

As the Legal Parent/Guardian of the above listed student, I grant my permission for him/her to participate in programs and receive services from the Allegany Education Department. The recipient waives, releases and forever discharges all claims against any of the staff, administration or participating members for any injury, damages, or losses as a result from any activity or service provided by the Education Department.

Legal Parent/Guardian Signature: _____ Date: _____

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Program Expectations

1. Students will be expected to sign in daily

- 2. <u>Attendance policy</u>: Due to the need of services and waiting list we must enforce the attendance policy. Missing Three (3) consecutive unexcused absences will result in loss of services.
- 3. <u>Students are expected to fill out a weekly progress form and have it signed by a parent/guardian.</u>
- 4. **Participate not disrupt:** Throughout enrichment all students are required to bring materials to work on. They will often be expected to work independently on their own work and at permitted times, work with a partner. Cheating and/or copying work is in no way permitted. If a student becomes a disruption and/or refuses to do work they may be removed and a call may be made home. A continuous disruption may result in removal from the program.
- 5. <u>Cell/phones/ Electronic devices:</u> Students must store all electronic devices in a secure location. (Staff is not responsible for lost, stolen and or broken equipment.) Throughout the program, there may be specific times in which staff may permit the use of electronic devices. During these times participants may use cell phones, iPods etc. however they must re-store all devices immediately upon instruction. If at any time a staff member feels the need to revoke an electronic device. They are permitted to do so without continuance.
- 6. **Be respectful of people and property:** Participants are expected to show respect to both person and property at all times. Throughout enrichment students are expected to abide by the rules of the Allegany Community Center and all organizations that the department will be cooperating with. At no time will it be acceptable for a student to misuse another's property. In all cases students may rely on the staff for guidance or questions concerning conduct, and or other matters. All instructions given by any staff member must be promptly obeyed without dispute.
- 7. **No foul language:** Participants are expected to use appropriate language at all times. In no circumstance may any member use profanity. Also, discussions pertaining to indecent material will at no point be tolerated.
- 8. **No fighting or roughhousing:** Participants are expected to show a mature level of professionalism. Individuals must refrain from unnecessary roughness and or undesired personal contact with both peers and adults. When serious disputes arise they must be brought to the attention of a staff member.
- 9. The use of any tobacco products, drugs, alcohol, or weapons is strictly prohibited: At any and all points throughout enrichment the use of any illegal substance is no way permitted. The suspected use of such materials will result in immediate dismissal from the program and repercussions will be pursued to the highest degree. Students are not to carry or distribute any form of drugs or weapons. If a participant requires the use of prescriptions medication then arrangements must be made with staff members prior to the start of the program.
- 10. <u>Staff practices confidentiality:</u> Staff members will remain open for discussion and mentoring to all members. If an issue arises amongst students they should bring it to the attention of a staff member. Any issues effecting a participant's safety and mental wellbeing may be discussed on a basis of confidentiality. Privacy will be maintained until an unsuitable point which may affect a students' welfare. All SNI staff members are mandated reporters and are required by law to report any information prudent to the safety and wellbeing of a minor.
- 11. No nit policy: We strictly adhere to the ACC no nit policy. Please see attachment.

| Student Name: | | |
|---------------------|-------------|--|
| Parent Signature: _ | Date: _ | |

Tutoring Application: Page 2 of 3

| Student Information | | | | |
|---|--|---------------|--|--|
| Name: | DO | B: Grade: | | |
| Parent/Guardian Name: | | | | |
| Phone: Home: | Cell: | Work: | | |
| Physical Address: | | | | |
| Mailing Address (If different): | | | | |
| Email Address: | | | | |
| EMERGENCY CONTACT INFORMAT In case the above listed Parent/Guardie Contact #2 | - | | | |
| Name: | Phone: | Relationship: | | |
| Contact #3 Name: | Phone: | Relationship: | | |
| deemed necessary by the staff for my does not include major surgical proce supervision. Physical conditions must b Health care provider: | child. I understand that the edures and is valid only dur oe made clear. | | | |

(For students that attend recreation only)

As a parent /guardian of a participant in the education program, I understand that the recreation department does not have any insurance coverage for any accidental injuries, illness, or personal damages. I agree, by signing below, to release and hold harmless the Seneca Nation Education Department from responsibility or liability for injuries/damages not directly caused by the negligence of the department, its officers, agents, or employees. Legal Parent/Guardian Signature: ______ Date: ____