



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:

- Tutoring Services (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:

1. _____
2. _____
3. _____
4. _____

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: _____

Program Expectations

1. **Students will be expected to sign in daily**
2. **Attendance policy:** 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. **Students are expected to fill out a weekly progress form and have it signed by a parent/guardian.**
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. **Cell/phones/ Electronic devices:** 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. **Staff practices confidentiality:** 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: _____

Student Information

Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name: _____

Phone: Home: _____ Cell: _____ Work: _____

Physical Address: _____

Mailing Address (If different): _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

In case the above listed Parent/Guardian cannot be contacted

Contact #2

Name: _____ Phone: _____ Relationship: _____

Contact #3

Name: _____ Phone: _____ Relationship: _____

EMERGENCY HEALTH CARE:

In the event that I cannot be reached in an emergency I hereby authorize emergency health care and services as deemed necessary by the staff for my child. I understand that the consent and authorization therein granted does not include major surgical procedures and is valid only during the allotted time of attendance during supervision. Physical conditions must be made clear.

Health care provider: _____

Address: _____

Phone: _____

Child's physician: _____

MEDICAL INFORMATION (including allergies and any other condition(s)): _____

(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: _____