

ACTION CENTERED TUTORING SERVICES

Making a Difference - one child at a time
35 Chestnut Street, Springfield, MA 01103
(413) 731-9810 email: ACTS86@msn.com

STUDENT APPLICATION

Personal Information (PLEASE PRINT):

Student's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Telephone: _____ Student's Date of Birth: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Parent or Guardian: _____
(PLEASE PRINT)

Emergency Information:

Person other than parent to contact in the event of an emergency: _____

Phone: _____ Relationship to the student: _____

Is the student allergic to bee stings? No, Yes Any allergies? No, Yes Indicate: _____

Does ACTS have your permission to transport your child to a medical facility in the event of an emergency? No, Yes

Please identify insurance coverage: _____/
(Carrier) (Number)

Please indicate any individuals (other than yourself) to whom your child may be released.

Please indicate any individuals to whom your child may NOT be released (if applicable).

Educational Information:

Does your child require academic tutoring? No, Yes If Yes, in what subjects? _____

Does your child have a hearing or speech problem? No, Yes

Do you have any objection to diagnostic testing in order to identify specific academic skills on which this tutoring program might focus? No, Yes

Was your child a participant in the ACTS tutoring program last year? No, Yes

I understand that a personal interview will be offered and may be conducted with me prior to the placement of my child in the ACTS tutoring program. I give my permission for my child to receive academic tutoring in the ACTS tutoring program.

(Signature of parent or Guardian) Date: _____

I am most interested in the site at _____

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PARENT RELEASE FORM

Dear Parent or Guardian,

We are asking you to give ACTS permission to obtain information from your child's school and teacher, to allow your child to participate in field trips, to allow your child to participate in Club Time, to allow ACTS to use your child's picture in appropriate publications such as the local paper or television station, and to sometimes transport your child.

Please sign each release to which you give permission.

SCHOOL INFORMATION

I understand that in order to better address my child's academic needs, ACTS may need to acquire information from his/her school or teacher. I give permission for ACTS to acquire academic information from my child's school and teacher as needed.

_____ Date: _____
(Signature of parent or Guardian)

FIELD TRIPS

I understand that ACTS sometimes participates in community service activities as well as taking field trips to such places as the library, museums, nursing homes and the like. Supervision by adults will always be provided. Announcements of specific trips or activities will be sent home in advance. I give permission for my child to participate in all scheduled field trips and service activities.

_____ Date: _____
(Signature of parent or Guardian)

CLUB TIME

I understand that ACTS conducts a Club Time, after the academic tutoring time, which includes Bible lessons and instruction in Christian values. I give permission for my child to participate in the Club Time activities.

_____ Date: _____
(Signature of parent or Guardian)

PHOTO PUBLISHING

I give permission for ACTS to photograph or videotape my child in the ACTS program and to submit such a photo or video picture to its regular newsletter, the local news media or the like.

_____ Date: _____
(Signature of parent or Guardian)

TRANSPORTATION

I give permission for ACTS to TRANSPORT MY CHILD IN THE acts PROGRAM WHEN IT BECOMES ABSOLUTELY NECESSARY TO DO SO. Otherwise, I understand I am responsible for getting my child to and from the program.

_____ Date: _____
(Signature of parent or Guardian)