

For office use only:

Enrollment Date _____ Grade _____

Registration completed _____

Tuition pd. \$ _____

Forms ret'd. Contract Med.Auth. MediaRels. Other

JETER LEARNING CENTER
STUDENT TUTORING APPLICATION

Legal Name _____

Of Student: _____ Birthdate: ____/____/____ Sex: Male Female
MM / DD / YY

Student Address: _____
Number & Street City State Zip

Previous school _____ Current Grade Level _____

Family Information (The legal guardian should fill out this information)

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home phone _____ Home phone _____

Employer _____ Employer _____

Address _____ Address _____

Work phone _____ Cell _____ Work phone _____ Cell _____

Email _____ Email _____

Custody; Mother _____ Father _____ Both _____ Other _____

In the event of an emergency if we are unable to reach you by any of the above numbers:

Emergency Contact Name _____ Phone Number _____

Relationship to student: _____

ARE THERE ANY ALLERGIES OR FOOD ALLERGIES OR PHYSICAL LIMITATIONS THE TEACHER SHOULD BE MADE AWARE OF:

Yes No **If Yes, please explain on a separate sheet of paper.**

BY SIGNING BELOW, AND CHECKING THE APPROPRIATE BOXES, THE PARENT/GUARDIAN AFFIRMS THAT THEY HAVE RECEIVED, FILLED OUT AND RETURNED THE NECESSARY DOCUMENTATION LISTED BELOW.

PARENT SIGNATURE: _____

PRINT PARENT NAME: _____

- MEDICAL AUTHORIZATION RECEIVED (DATE) _____
- FOOD RESTRICTIONS RECEIVED (DATE) _____
- PHYSICAL LIMITATIONS RECEIVED (DATE) _____
- TEACHER/STUDENT CONTRACT (DATE) _____
- MEDIA RELEASE (DATE) _____

PLEASE SEE REVERSE SIDE FOR MORE REQUIRED INFORMATION

Please list the name(s), relationship and phone number of any person(s) who has/have the parent's/guardian's permission to pick up the student. * Such person will be required to produce a photo id at the time of pick-up as well as sign the student out. IF SOMEONE IS NOT LISTED, OR IF THEY DO NOT HAVE A PHOTO ID, THE STUDENT WILL NOT BE RELEASED TO THAT PERSON, AND THE PARENT/GUARDIAN WILL BE NOTIFIED.

NAME	ADDRESS	PHONE #	RELATIONSHIP

The above-named person(s) has/have my permission to pick up my child. I understand if they are not able to present a photo ID at time of pick up, they will not be allowed to take my child and I will be notified at the number given below.

Parent Signature: _____ Date: _____

Parent Name: _____ Phone #: _____

PLEASE PRINT

* The parent/guardian has the right to add or delete any names they may wish, provided that they do so in person.