

UNI-CUE TUTORING CENTER – APPLICATION FOR ACT/SAT PREP CLASSES

Student's Name: _____ Grade Level: _____

School Presently Attending: _____

Date of Birth: _____ Gender: Female Male

Racial Background (optional) African American Burmese White Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native Other _____

Do You Speak English? Yes No Do Your Parents Speak English? Yes No

Parent's Name _____ Home Phone _____ Cell Phone _____

Please indicate the Best Time to reach you by phone _____

Home Address (Street, City, Zip) _____

Emergency Contacts: Please someone who can be notified in case of an emergency during the program hours:

Name _____ Phone _____

Medical Alerts: Please note any medical condition or special instructions (allergies, medications, etc.) that we should be made aware of: _____

Child Pick-up: After tutoring, my child will be: Picked up by parent(s) Walk home Be picked up by another individual (please specify): _____

Please give the names of anyone who should NOT pick up your child: _____

Enrollment will be accepted on a first-come-first serve basis. Each session will be 1.5 hours long.

Please indicate your preference (1st, 2nd, 3rd, etc.) for the days and times that your child would like to participate in ACT/SAT Preparatory Sessions. Students may enroll in one or more session per week. Students may enroll for additional sessions if planning to re-take the ACT/SAT.

- Monday _____ 4:00-5:20 _____ 5:30-6:00
 Wednesday _____ 4:00-5:20 _____ 5:30-6:00
 Thursday _____ 4:00-5:20 _____ 5:30-6:00
 Friday _____ 3:00-4:30

Are you planning to take the ACT? Yes No Date of ACT Test _____

Are you planning to take the SAT? Yes No Date of SAT Test _____

Photographs/Videotapes: The UNI-CUE Tutoring Center may photograph and or videotape activities throughout the semester that may include your child. Please check the appropriate box regarding your permission for us to use these photographs/videos in promotional activities: I DO Approve I DO NOT Approve

NOTE: We expect program participants to be respectful of the tutor's time and efforts by letting them know in advance when you are going to be absent. Thank you.

Students who miss tutoring sessions twice without an excused absence may be dropped from the program. All absences must be reported to the tutor or to the Program Director prior to the start of the tutoring appointment.

Parental Approval: I, the undersigned, hereby grant permission for my child to participate in the UNI-CUE Tutoring Center. I will provide transportation for my child to the UNI-CUE. I understand that the UNI-CUE Tutoring Center may be released from all claims, damages, and actions that may occur from any accident during the scheduled activities.

Signature (Parent) _____ Date _____