



SUPERSTAR TUTORING ACADEMY ENROLLMENT FORM



Student Information

School Name	Student Name	Student ID	Homeroom Teacher	Grade
BSMCA				

Parent Information

Parent Name				
Cell Phone		Home Phone		
Work Phone		Email		

How will your child get to tutoring? (check one)

- I will drive my child to the tutoring program.
- My child will walk/ride bike to the tutoring program.

Parent agrees to: (initial beside each activity)

- ___ Ensure that my child actively participates in the learning process.
- ___ Ensure that my child attends the scheduled sessions for the duration of the program.
- ___ Provide transportation from the school unless other arrangements have been made.

Parent Signature: _____ Date: _____

The School agrees to: (initial beside each activity)

- ___ Enable the student to attain his/her specific achievement goals.
- ___ Measure the student's progress and regularly report progress to parent monthly.
- ___ Contact the parent if attendance negatively impacts learning.

School Representative Signature: _____ Date: _____

School Use Only

Tutoring Subject: _____

Name of Tutor: _____

(Please fill out completely before returning form to District; incomplete forms will not be processed)