



## Tutoring Support for Native American students

*Tutoring scholarships are available for approximately 15 Native American students (grades 1-12) each trimester. **Five (5)** students will receive services through Sylvan Learning Centers each trimester and **ten (10)** students will receive scholarships for ACT tutoring prep through Spring Lake Park Schools ACT Prep Class.*

	Sylvan Learning Center	SLP ACT Prep Course
Contact information/ Location	Coon Rapids Sylvan Learning Center 12697 Riverdale Blvd. Suite 205 Coon Rapids, MN 55448 Phone: 763-712-1118	Spring Lake Park High School
Transportation	<ul style="list-style-type: none"> <li>Families must provide their own transportation to &amp; from tutoring location</li> <li>Parents may sign a release that allows student to walk home, if appropriate.</li> </ul>	
Sessions	<ul style="list-style-type: none"> <li>25 hours -Must be completed within the assigned tutoring period</li> </ul>	*Information coming soon*
Missing Sessions	<ul style="list-style-type: none"> <li>If your student is going to miss a session, you must contact the Sylvan office by 12 noon the day of the tutoring session.</li> <li>If your student misses (no call/no show) 2 sessions or reschedules 4 sessions, their services will be canceled. They will forfeit their ability to receive future scholarships through Indian Education.</li> </ul>	
Questions about tutoring services	<ul style="list-style-type: none"> <li>Contact Sylvan Learning Center @ 763-712-1118</li> </ul>	

### Application Process

- Tutoring registration forms can be found on our website under “Academics” then “Special Education” then “Native American Education”
- Fill out the appropriate registration forms (you may only apply for one program) and return them by mail or to the SLP Student Services Office during the enrollment period. Fax, email, and registrations given to SLP representatives will not be accepted.

Trimester	Enrollment period	Tutoring period
First	September 16-20	September 30- November 26
Second	December 9-13	January 6 – March 12
Third	March 30 – April 3	April 13 – June 9

### Acceptance Criteria

- In an effort to help bring our students to grade level reading, students grades 1-5 who are below reading grade level will have priority over other students (up to **three (3)** Sylvan spots reserved) and will have the opportunity to continue their tutoring each trimester.
- Registrations will not be accepted outside of the enrollment period (see chart above right).
- Scholarships will be given out based on a lottery drawing at the end of the enrollment period.
- Scholarship recipients will be notified by the selected tutoring service.
- Non-recipients will be contacted by a Student Services rep and placed on a waiting list which will roll over into the next trimester.

If you have questions about the enrollment process, please contact Abbey Pierce at 763.600.5737.



# Welcome to Sylvan!

## Authorization to Exchange Information

To make sure we provide the most effective Sylvan experience possible for your student, please share the information below.

**Student Name** \_\_\_\_\_ **Customer Name** \_\_\_\_\_

I understand that during the course of tutoring by Sylvan Learning, it may become necessary for Sylvan to consult with educators, or other professionals such as physicians concerning my student. I expressly authorize and consent to a Sylvan consultation with such professionals and experts on my student's behalf. I understand that in the course of such consultation, Sylvan may receive or give information that is of a confidential nature.

I hereby authorize Sylvan to receive and give information that may be beneficial in the instruction of my student. I also authorize my student's educators, physicians, and others who may possess confidential information concerning my student to divulge and deliver that information to Sylvan. A facsimile of this authorization should be sufficient to authorize the delivery of such information to Sylvan. Should I, at any time, wish to retain the confidential nature of any such information, I will advise you in writing.

**Please select one of the options below and sign at the bottom of the form:**

- YES**, I have read the above and grant authorization as stated. (Please complete the information below.)
- NO**, I do not give permission for Sylvan to obtain or release information to any outside professional working with my student

**School** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Principal** \_\_\_\_\_

\_\_\_\_\_ **Counselor** \_\_\_\_\_

Teacher(s)	Subject(s)	Contact Details (email, phone/fax)

**Is your child currently in any special placement in school? (reading, math, speech, EH, LD, etc.) If yes, please explain:** \_\_\_\_\_

**Customer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Emergency Release

& Authorized Transportation

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_

Student Birth Date \_\_\_\_\_ Student Grade and School \_\_\_\_\_

Customer Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer Email \_\_\_\_\_ Customer Phone \_\_\_\_\_  mobile  work  home

Alternate Phone \_\_\_\_\_  mobile  work  home

Preferred Method of Contact  phone  alt. phone  email  text message

Customer (2) Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Customer (2) Address \_\_\_\_\_

Customer (2) Email \_\_\_\_\_ Customer (2) Phone \_\_\_\_\_  mobile  work  home

Alternate Phone (2) \_\_\_\_\_  mobile  work  home

Preferred Method of Contact  phone  alt. phone  email  text message

*By signing this form, I am authorizing Sylvan Learning Center, in the event of an emergency where I (or my spouse) cannot be contacted, to secure whatever medical care is necessary for the safety and well-being of my student. I will assume all costs incurred for emergency care.*

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zipcode

Are there any medical conditions we should be made aware of? \_\_\_\_\_

### Authorized Transportation

I understand that it is my responsibility to accompany my student to and from the center. I will accompany my student to the center, wait with him / her until instruction begins, and will be available to meet my student as the instructional hour ends, unless I have provided alternate transportation instructions in writing below. I understand that Sylvan Learning personnel cannot assume responsibility for students who arrive early and do not enter the center or for students who leave the center after instruction when no one is waiting for them. I will notify Sylvan Learning Center of any changes to my student's transportation assignments. **Please check all of the approved circumstances:**

My Student is authorized to walk to/from center. Effective Date(s) \_\_\_\_\_

My Student is authorized to take a bus to/from center. Effective Date(s) \_\_\_\_\_

Sylvan Learning is authorized to release my student to one of the following parties listed below. Effective Date(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*By signing this form, I acknowledge that I have read, fully understand and will adhere to the Arrival and Departure policy as indicated above. I will inform any additional responsible parties, with whom I designate authorization, of the policy.*

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_