

Carolina Friends School

4809 Friends School Road / Durham, NC 27705 / 919.383.6602 / Fax 919.383.6009 / www.cfsnc.org

Parental Consent Form and Release Agreement For Student Success Program Professional Tutoring and Coaching

This form is required to ensure that all tutoring and coaching provided by Carolina Friends School's Student Success Program is conducted with the full knowledge and approval of the parents whose children are meeting with tutors/coaches. This form also grants the tutor/coach and the school permission to discuss and share information about the student to best support the student's learning.

Student Name: _____ Tutor/Coach Name: _____

Subject Area(s) of Tutoring:

Tutoring/Coaching Times: Day(s) of week: _____

Time(s) of day: _____

Location of sessions: _____

Academic Year: 2020-2021

Fees: \$_____/45 minute session The fee for tutoring is \$60 per session. The fee for coaching is \$70 session. (The tutoring and/or coaching rate for students with an Adjusted Tuition for the current academic year will be reduced by the same discount rate. This reduction is limited to two sessions per week.)

First session date: _____

I, as parent/guardian of the above named student, request that the above named individual be allowed to tutor/coach my child on the days and times specified above.

I understand that during the 2020-2021 academic year, in response to the COVID-19 pandemic, Carolina Friends School will be utilizing a Continuous Learning Model which allows for three delivery modes: fully on campus, hybrid and virtual. I understand that tutoring/coaching sessions must be held using the same delivery mode as the student's unit at any given time during the year. Sessions held in virtual mode must be held using the School's authorized platform. I understand that I am responsible for the supervision of my child during virtual tutoring/coaching sessions.

I understand that sessions occurring in person must be held on the Carolina Friends School campus in designated spaces. In no event shall sessions be scheduled in person off campus, except when the Student Success Coordinator has authorized a Parent Request and Location Waiver. Coaching check-ins may occur by telephone, email, text, or other electronic means as mutually agreed by the coach and student. I understand that when such services are rendered at

CFS, during these times the tutor/coach will have complete responsibility for the supervision of my child, and may be working with my child in a private room without CFS supervision.

I understand that I am responsible for monitoring my child's progress and am responsible for the timely payment of fees charged by the tutor/coach as billed by CFS. I understand CFS merely processes payments.

I give permission for the tutor/coach to exchange educational information with the CFS learning specialist(s), Student Success Program Coordinator, and teacher(s) in the subject(s) listed above.

I understand that CFS does not assume responsibility for the loss or damage of personal property, or any loss of whatever kind or nature incurred by persons using the facilities.

I acknowledge that I have read the Student Success Center Handbook and will abide by the processes outlined within it.

I understand that I need to give the tutor or coach a fourteen day notice before ending services.

I hereby release CFS School, its trustees, officers and employees, and each of them, from any and all liability of whatever nature or kind arising from, or by reason of, any injury or damage which may befall me or my child while present on the CFS School premises, while making use of the school's facilities, or receiving tutoring/coaching services virtually, including all risks connected therewith, whether foreseen or unforeseen, except where injury or damage results from the gross negligence of the school, its trustees, officers and employees.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date