



# Tutoring Services Application

## Student Contact Information

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Name \_\_\_\_\_ Enrollment ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

- Does the student have an Individual Education Plan on file with their school?

No  Yes  If yes, please submit with application.

- Name of school \_\_\_\_\_

Address of school \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

- Academic subject(s) in which student needs tutoring \_\_\_\_\_ Grade \_\_\_\_\_

Language Arts  Reading  Science  Other:

Math  Social Studies  ACT

The Education Department is pleased you have decided to take advantage of our tutoring program for the 2024-2025 school year.

Please read and initial that you are acknowledging all policies listed below for optimal program success.

1. Tribal member students are eligible for tutoring services once a completed application and release of information are on file. \_\_\_\_\_
2. Students or parents MUST contact the Tutor Services Division directly with any cancellations or attendance matters within two (2) hours prior to the scheduled session. (Please note, calling the Education Department does not suffice for proper cancellation). \_\_\_\_\_
3. The parent/ guardian of minor students will be responsible for reviewing and confirming tutoring hours for the student. \_\_\_\_\_
4. The Education Department reserves the right to withdraw the enrollment of a student who accumulates more than three (3) unexcused absences (No Show). \_\_\_\_\_

## Caregiver Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Is this a cellular phone? No  Yes

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Check box if child is in a Placement Home

Social Worker Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_



**Educational  
Enrichment and Support**  
HO-CHUNK NATION DEPARTMENT OF EDUCATION

# Release of Information

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

## Media Release:

Includes display, publication, transmission or otherwise use of photographs, images, and/or video taken of my child for use in materials of the Tutor Services Division such as brochures, news, videos, Ho-Chunk Nation website, social media, etc.

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor Education Progress
- Assessments and Referrals
- Recognition and Events
- Coordinate education services with school, family and other concerned person(s)
- Emergency/Hazards
- Tutoring
- Other (Please specify): \_\_\_\_\_

To be released to/requested from:  
The Ho-Chunk Nation Education Department

Tribal Office Building  
W9814 Airport Road Black River Falls, WI  
54615

(715) 284-9343  
(800) 294-9343  
Fax (715) 284-9805  
[tutor.services@ho-chunk.com](mailto:tutor.services@ho-chunk.com)

School District:

Address:

Phone:

Fax:

## Information to be released:

- Attendance Information
- Report Card/Progress Report
- Transcripts
- Discipline Records
- Standardized Test Information
- Current IEP/504
- Current Report Card
- Assessments and Evaluations
- Psychological Evaluations

I hereby authorize the above indicated information/records to be disclosed from the person/agency and to be released to the Ho-Chunk Nation Education Department. I understand that this authorization will remain in effect from the date of signature until the end of the 2024 - 2025 academic school year or until it is revoked by my written consent.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date