



SEMINOLE TRIBE OF FLORIDA
Center for Student Success and Services

K-12 and GED Tutor Request Application School Year 2017 – 2018

*****Tutoring will begin no earlier than September 5, 2017.**

Student's Name: _____ Member ID #: _____

Student is enrolled in the following program: Grade 2-12 GED Minor GED Adult

Does student have an Individual Education Plan (IEP) or Student Learning Plan (SLP) on file with the school?
 No Yes *If yes, a copy of the current IEP or SLP must be made available.*

Name of School: _____ Grade Level: _____

Academic subject(s) in which student needs tutoring:
 Math Language Arts Science Social Studies Foreign Language

Reservation: _____ Tutoring Location: _____

THE CENTER FOR STUDENT SUCCESS AND SERVICES DOES NOT PAY FOR UNEXCUSED ABSENCES NOR HOURS THAT HAVE NOT BEEN APPROVED.

1. Tribal member students qualify for four (4) hours of tutoring. Additional unapproved hours will be billed directly to the parent/guardian or student. _____
2. The parent/ guardian of minor students will be responsible for reviewing and confirming tutoring hours for the student. _____
3. The parent/ guardian of minor students will be responsible for reviewing and confirming tutoring hours for the student. Students who are eighteen (18) years of age and older will be responsible for reviewing and confirming their own tutoring hours. _____

Parent/Legal Guardian Contact Information:

Name Phone

Address Email Address

For Official Use

Date Received: _____

Approved - Number of Hours _____ Not Approved

Tutor Program Manager Approval: _____ Date: _____
(Signature)

Comments: _____

Tutor Information

Tutoring Company: _____

Tutor Name: _____ Date Assigned: _____

Location: Library Learning Center DSO PEC Other



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Student: _____
First Middle Last Date of Birth Grade

REQUESTED FROM:

Name and Title: _____ (School/Agency Contact Person)

School or Agency: _____

Street Address: _____ City: _____ State: _____ Zip: _____

TO BE RELEASED TO:

School or Agency: Seminole Tribe of Florida Center for Student Success and Services

Attention of: _____ (STOF Center for Student Success and Services Representative)

Street Address: _____ City: _____ State: _____ Zip: _____

Authorization for the Release of Information

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

- Monitoring education progress Assessments and referral
- Coordinate education services with school, and /or tutoring services.

Indicated below is the information to be released:

- ✓ Attendance Information
- ✓ Current Report Card
- ✓ Transcripts
- ✓ Standardized Test Information/Results
- ✓ Assessments and Evaluations
- ✓ Current IEP Plan
- ✓ Report Cards/Progress Reports
- ✓ ESE Reports

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Center for Student Success and Services. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature until the student graduates from high school or until it is revoked by my written consent.

Print Name Parent/Legal Guardian Signature Date