



K-12 Tutoring Application 21.22

Student: _____ Member #: _____ Date: _____

Reservation (Or indicate if Non-Resident): _____

Submit application here
Tutoring@semtribe.com

If you have any questions please contact Tutoring Program Supervisor at 954.989.6840 Ext. 10589 or CharlotteWatkins@semtribe.com

School Year 21.22 COVID-19 message from CSSS:

Due to the current COVID-19 restrictions, masks are required at all times. You must have a mask on before entering the building. Please continue protecting yourself and others by wearing a mask, physically distancing and washing your hands regularly. We ask our families to be understanding to the needs of the Program and our students and the restrictions we are currently facing.



SEMINOLE TRIBE OF FLORIDA
Center for Student Success and Services
K-12 Application | School Year 2021 – 2022

Student's Name: _____ Member ID #: _____

Does student have an Individual Education Plan (IEP) or Student Learning Plan (SLP) on file with the school?

No Yes *If yes, please make sure a copy is available before submitting this application.*

Does student currently use i-Ready in school? No Yes

Name of School: _____ Grade Level: _____

Academic subject(s) in which student needs tutoring:

Math Language Arts Science Social Studies Reading Foreign Language SAT/ACT

Reservation: _____ Tutoring Location: _____

The Center for Student Success and Services is pleased that you have decided to take advantage of the tutoring program for the 2021 – 2022 school year. **Please read and sign at the bottom, and you are acknowledging all policies listed below for optimal program success.**

1. Tribal member students qualify for four (4) hours of tutoring. Additional unapproved hours must directly to the parent/guardian or student. _____
2. **Students or parents MUST contact the tutor or tutoring company directly with any cancellations or attendance matters within two (2) hours prior to the scheduled session. (Please note, calling the Center for Student Success and Services 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. GED students have six (6) months to complete the GED program. Students can receive up to eight (8) free vouchers during the program. _____
5. The Center for Student Success and Services reserves the right to withdraw the enrollment of a student who accumulates more than three (3) unexcused absences (**No Show**). _____

Parent/Legal Guardian Contact Information:

_____ Print Name Signature Date

_____ Phone Number Address Email Address

For Official Use

Date Received: _____

Approved - Number of Hours _____

Tutor Program Manager Approval: _____

Comments: _____ (Signature)

Tutor Information

Tutoring Company: _____

Tutor Name: _____ Date Assigned: _____

Location: _____

Please send application back once assigned and provide tutor name and location.



SEMINOLE TRIBE OF FLORIDA Center for Student Success and Services Authorization for the Release of Information

Student: _____
First *Middle* *Last*

_____ *Date of Birth* *Tribal Member #*

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
- Family Services
- Coordinate education services with school, family and other concerned person(s)
- CCDT
- REC
- CBH
- Emergency/Hazards
- Tutoring
- SPD
- Other (Please specify):

TO BE RELEASED TO/REQUESTED FROM: Seminole Tribe of Florida’s Center for Student Success and Services

<input type="radio"/> BIG CYPRESS 31000 Josie Billie Hwy Clewiston, FL 33440 (863)902-3200	<input type="radio"/> BRIGHTON 650 Harney Pond Rd Ste 112 Okeechobee, FL 34974 (863)763-3572	<input type="radio"/> HOLLYWOOD/TRAIL 3100 N. 63 rd Avenue Hollywood, FL 33024 (954)989-6840	<input type="radio"/> IMMOKALEE/NAPLES 295 Stockade Road Immokalee, FL 34142 (239)867-5303	<input type="radio"/> TAMPA 6401 Harney Road Tampa, FL 33610 (813)246-3100	<input type="radio"/> NON-RESIDENT
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Information to be released:

- Attendance Information
- Report Cards/Progress Reports
- ESE Reports
- Discipline Records/Actions
- Standardized Test Information/Results
- Current IEP/504 Plan
- Current Report Card
- Assessments and Evaluations
- Transcripts
- Psychological Evaluations
- Dates and Reasons for Special Program Enrollment/Withdrawals
- Contact Information to STOF Departments

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.

I have been informed and understand my rights regarding the release of these records.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Advisor Signature *Date*