

Rasmussen/ETS College On-Site Tutoring Release Form

Student Name: _____ Grade: _____
High School Attending: _____ Counselor: _____

Parent Contact Information:

Name of Custodial Parent(s): _____
Home Phone: _____ Cell Phone: _____

Emergency Contact if Parent cannot be reached:

Name: _____ Relationship to Student: _____
Phone Number 1 _____ Phone Number 2: _____

Circle Subjects/Classes (Science: Biology, General, Chemistry; Math: Pre-Algebra, Algebra 11, Geometry, General Math, Math 7/8; English: Grammar, Reading, Writing; Other: _____ Requesting Assistance With.

Initial each statement that you have read and understand.

_____ I have attached a copy of student's most recent report card

_____ I understand that students must remain in the tutoring lab for the duration of the tutoring sessions.

_____ I understand that parents must be on time to pick up their students or students will not be allowed to return for a minimum of two weeks. If this happens more than once students will, unfortunately, not be allowed back.

_____ I agree that if I am more than 30 minutes late without contacting the tutor the authorities may be called as no supervision is available and the college will be closing. The tutors are only onsite for 5-10 minutes after sessions end.

_____ I understand that students will have computer access for school related needs (no gaming or personal messaging will be allowed). If student is found using computers for improper use they will not be allowed to use them.

_____ I understand that I, as a parent, must sign my child in and out of each tutoring session. It is the parent's responsibility to arrange transportation. If the student is riding with another adult they must bring permission slip signed by parent and that adult must sign the student in/out.

_____ Illnesses and accidents, although uncommon, can occur even under the most careful supervision. If the need for medical attention should arise, I accept responsibility for the payment of any medical treatment which may be required. I understand the tutoring staff will make an attempt to contact parents if a medical situation arises and time permits. But in the case of emergency I hereby authorize a Rasmussen College representative to procure medical attention on my child's behalf. I agree to hold harmless Rasmussen College and the Educational Talent Search program.

The tutoring program is meant to be a benefit to students who are serious about improving their academic skills and if for any reason that does not seem to be the case the parent will be notified that the student is no longer a part of the program as there are other options for skill development.

Both students and parents must sign and date this form before students will be allowed to attend tutoring sessions.

_____/_____
Parent Signature Date

_____/_____
Student Signature Date