



Native Village of Afognak-Tutoring Program

Parent/Student Application

323 Carolyn Street

Kodiak, Alaska 99615

(907)486-6357

www.afognak.org

Taletha@afognak.org

****Please attach a copy of most recent report cards, test scores, or statement from teacher showing need for tutoring assistance. At the end of each school year an evaluation will be held to assess the continued need for tutoring.****

Student and family Information

Students Full Name: _____

Other Name Student Goes By: _____

Date of Birth: _____ Male: _____ Female: _____

School Currently Attending: _____ Grade: _____

Name of Parent/Guardian(s): _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____ Parent Guardian Email Address: _____

Please list the names and contact numbers for those individuals only authorized to pick up student after tutoring.

(name) (contact number)

(name) (contact number)

Student Medical/Emergency Information

Current Medications Student is Taking: _____

Allergies: _____ Special Medical Needs: _____

Any Known Learning Disabilities: _____

In the event of an Emergency and the Parent/Guardian cannot be reached, please list the name and contact information of the emergency contact person.

In the event of a medical emergency, I further authorize Native Village of Afognak, or their designee, to obtain medical treatment in the event of my absence. If I or my emergency contact person is unable to be reached, I hereby authorize the physician or hospital to which my child is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of my child. Although I expect all reasonable safety procedures to be followed, I will not hold the staff or any volunteers, working in at Native Village of Afognak or with my child, personally liable for any accident which may occur while on the NVA premises.

Signature

Date

Authorization to Use Image

I consent to the use and publication by Native Village of Afognak for promotional, informational, and educational purposes any photographs taken of my child during the tutoring program.

Signature

Date

Questionnaire

1. Why are you requesting tutoring at this time?
2. What area or school subject does your child need tutoring assistance with?
3. How long years/months and what grades has your child had difficulty in the subjects you are requesting tutoring?
4. What hours and times would work best for the student and parent?
5. Other comments or recommendations: