

2025  
2026



## TUTORING CENTER AT ROYCE APPLICATION FOR ENROLLMENT

### Fee Structure

- \$ 75 Registration Fee
- \$ 65 per Hour for Tutoring

### Application Process

- **Completely** fill out and submit application form to Royce Learning Center.
- Non-refundable \$75 Registration Fee is due to Royce Learning Center.
- The Program Coordinator will contact you to discuss creating your student's academic plan and schedule for tutoring.
- A contract will be signed by the parents/guardians.
- Tutoring will begin after a signed contract and initial payment has been received.

### Financial Assistance

- Request for financial assistance is based on need, and available funding, and is not guaranteed.
- To be considered for financial assistance, please complete the included form and return to Royce Learning Center.
- **A copy of Federal Income Tax Form 1040\* MUST be submitted with the application.**

- Tutoring services are offered for all grade levels; Kindergarten through college and adult.
- Students are matched with a tutor who is trained and experienced in the areas of need, which often include Learning Disabilities, Attention Deficit/Hyperactivity Disorder or other learning differences.
- We offer assistance in most academic subject areas, as well as study skills, standardized test preparation, and guidance in online classes.
- Tutors can work with students on the Royce campus, at public libraries, or within private schools based on individual circumstances.
- Students in grades K-8 may be tested in reading and math prior to tutoring to determine specific skill levels and areas of strengths and weaknesses. Parents will receive a report on the test results as well as regular progress reports.
- At the conclusion of tutoring, the student may be tested to determine skills acquired. Students in grades 9-12 are not required to undergo testing but may be tested upon request.

Ready to get started  
Or want to learn more?



📞 912.354.4047 - Ask for Sally Greenberg

✉️ SGreenberg@RoyceLC.org

📍 4 Oglethorpe Professional Blvd.

🌐 RoyceLearningCenter.org

Revised 8/1/2025

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# TUTORING CENTER APPLICATION FOR ENROLLMENT PAGE 1

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Student Name \_\_\_\_\_  
First Last Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender ☐ Male ☐ Female

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Current School \_\_\_\_\_ Present Grade \_\_\_\_\_

Principal \_\_\_\_\_ Teacher \_\_\_\_\_

Has your child attended Chatham Academy or been tutored at Royce in the past? Yes ☐ No ☐

## FAMILY INFORMATION

Mother/Legal Guardian \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT

With Whom does the applicant reside? \_\_\_\_\_

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## RELEASE OF INFORMATION

Signature \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Royce Learning Center to release and/or obtain copies of all pertinent records for \_\_\_\_\_.

***I am aware that this program is not licensed by the State of Georgia, and that the program carries liability insurance.***

***Royce Learning Center welcomes students without bias towards race, gender, religion or national origin.***

4 Oglethorpe Professional Blvd. | Savannah | GA | 31406

(T) 912-354-4047 | (F) 912-354-4633 | RoyceLearningCenter.org

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# TUTORING CENTER APPLICATION FOR ENROLLMENT PAGE 2

StudentName: \_\_\_\_\_

Has the student been tested or evaluated by a school or private psychologist? ☐ Yes ☐ No

If Yes, Who? \_\_\_\_\_ When? \_\_\_\_\_

Does the student have an IEP?(Individualized Education Plan) ☐ Yes ☐ No

Does the student have a documented Learning Disability? \_\_\_\_\_

Does the student have ADD or ADHD? \_\_\_\_\_

If yes to either of the above, when was the diagnosis made? \_\_\_\_\_

Treatment \_\_\_\_\_

Physician \_\_\_\_\_

Other Disabilities or Learning Concerns? \_\_\_\_\_

Any Special Education Services now being received? \_\_\_\_\_

***\*Any psychological and/or Individual Educational Plan (IEP) information  
MUST be attached to this application.***

## **TO ASSIST US WITH SCHEDULING, Please answer the following**

Subjects requiring tutoring \_\_\_\_\_

How many sessions are you interested in receiving per week

☐ 1 Time per Week ☐ 2 Times per Week ☐ 3 Times per Week ☐ 4 Times per Week

Preferred Days \_\_\_\_\_

Preferred Times \_\_\_\_\_

### **Royce Learning Center Hours\***

***\*Hours are subject to change***

Monday - Thursday 8a - 6:30p

*Last tutoring session held at 5:15p*

Friday 8a - 5p

*Last tutoring session held at 3:45p*

***NOTE: We make every attempt to meet the needs of individual students based on tutor availability,  
but cannot guarantee time requested.***

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# FINANCIAL ASSISTANCE REQUEST TUTORING CENTER AT ROYCE

*•Request for financial assistance is based on need, and available funding, and are not guaranteed.*

- To be considered for financial assistance, please complete the included form and return to Royce Learning Center.
- A copy of Federal Income Tax Form 1040\* **MUST** be submitted with the application.

*\*This information will be used for this specific purpose only and will remain confidential.*

Payer's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Payer's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Annual Income Payer \_\_\_\_\_ Spouse \_\_\_\_\_

\*Additional Income \_\_\_\_\_  
(Child Support, Retirement, SSI, Government Assistance, Etc.)

\*Total Household Income \_\_\_\_\_

***\* Proof of income in the form of your most recent Federal Income Tax return or your monthly social services statement must be attached. A W-2 alone is not acceptable.***

## Dependents Living at Home

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I certify that the above employment, income and dependent information is true. I give Royce Learning Center permission to contact the people/agencies above to verify state information which will be updated periodically and will remain in a confidential file.

Relationship to Student \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ 20 \_\_\_\_

Name – Please Print Clearly

Signature \_\_\_\_\_

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# TUTORING CENTER AT ROYCE

## PROMOTIONAL RELEASE FORM

We are excited to share the activities and achievements of our students with our community!

To do this, we often use social media, TV, print, and other public platforms. We kindly ask for your permission to include your child in these public displays.

Your child may appear in photos, videos, and other media that highlight our program's vibrant learning environment and events.

\_\_\_\_\_ Permission Granted - All Media Outlets

\_\_\_\_\_ Limited Permission - If you choose this option, please list the media outlets we may share your student:

\_\_\_\_ Social Media (Facebook, Instagram , LinkedIn)

\_\_\_\_ Printed Materials (Brochures, Magazines, etc.)

\_\_\_\_ Digital Media (Website, Newsletter)

\_\_\_\_ Promotional Videos, Television/News Features, Etc.

\_\_\_\_\_ Permission Declined - All Media Outlets

Date \_\_\_\_\_ / \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Please Print Student's Name

\_\_\_\_\_  
Signature of Student (if 18 years of age or older)

\_\_\_\_\_  
Please Print Name of Parent/Legal Guardian of the Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian of the Student

**For more information, contact the Director of Development:  
Guinevere Cutlip | [GCutlip@RoyceLC.org](mailto:GCutlip@RoyceLC.org) | 912.354.4047**

Revised 8/1/2025