

APPLICATION FOR ENROLLMENT 2020 – 2021 School Year

Dear Parents,

Thank you for your interest in The Tutoring Center at Royce. The Tutoring Center is one of four programs offered by Royce Learning Center to help children and adults achieve their academic potential.

Tutoring services are offered for all grade levels; kindergarten through college and adult. We offer assistance in most academic subject areas, as well as study skills and standardized test preparation. We also offer online high school courses for credit. 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. In the initial sessions, students may be tested to find their academic level as well as to determine strengths and weaknesses.

Once your application has been completed and submitted, you will be contacted by the Program Coordinator to discuss creating your student's academic plan and schedule for tutoring.

Tutors can work with students on the Royce campus, at public libraries, or within private schools based on individual circumstances.

Fee Structure for The Tutoring Center at Royce

\$ 75 Registration Fee
\$ 60 per Hour for Tutoring
\$ 100 Testing Fee (when not included in Tutoring Contract)

If applicable, students in grades K-8 are 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.

Application Process

- Completely fill out and submit application form to Royce Learning Center.
- The Program Coordinator will contact you to set up the schedule.
- A contract will be signed by the parents/guardians.
- Non-refundable \$75 Registration Fee is due to Royce Learning Center.
- Tutoring will begin after a signed contract and first month's fee are received by the Business Office.

Partial scholarships are often available and are based on demonstration of financial need. To be considered for scholarship assistance, please complete this form and return to Royce Learning Center.

A copy of Federal income Tax Form 1040* MUST be submitted with the application.

Scholarships are based on need and current available funding and are not guaranteed. *This information will be used for this specific purpose only and will remain confidential.

If you have further questions, please contact me at (912) 354-4047 or sgreenberg@roycelc.org.

Sincerely,

Sally Treenberg

Sally K. Greenberg, Program Coordinator

4 Oglethorpe Professional Blvd. | Savannah | GA | 31406 (t) 912-354-4047 | (f) 912-354-4633 RoyceLearningCenter.org

Preferred Name	2020 – 2021 School Year		
Student Name Last Preferred Name Ethnicity Address Street City Current School Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	Date/ 20		
at royce Student Name Last F Preferred Name Ethnicity Ethnicity Address Street City Current School Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	Date 20		
Last F Preferred Name			
Last F Preferred Name			
EthnicityAddress Street City Current School Principal Has your child attended Chatham Academy or been to <i>Please let us know how you heard about us:</i> FAMILY INFORMATION:	irst Middle		
Address	Date of Birth/ Age:		
Street City Current School Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	Gender 🗌 Male 🗌 Female		
Street City Current School Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	Phone ()		
Current School Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:			
Principal Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	State Zip County		
Has your child attended Chatham Academy or been to <i>Please let us know how you heard about us:</i>	Present Grade		
Has your child attended Chatham Academy or been to Please let us know how you heard about us: FAMILY INFORMATION:	Teacher		
Please let us know how you heard about us:			
FAMILY INFORMATION:			
Mother/Legal Guardian	Father/Legal Guardian		
Address	Address		
City/State/Zip			
Email			
Home Phone ()			
Cell Phone ()	Cell Phone ()		
With Whom does the applicant reside?			
EMERGENCY CONTACT:			
Name	Phone ()		
Relationship to Student			
RELEASE OF INFORMATION:			
Signature	Relationship to Student		
l,	, hereby authorize Royce Learning Center to release and/or		
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Royce Learning Center welcomes students w 4 Oglethorpe Professi	State of Georgia, and that the program carries liability insurance.		

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Student Name:			
Has the student been tested or evaluated by a school or priva	te psychologist?: Yes No		
If Yes, Who?:	When?:		
Does the student have a documented Learning Disability?			
Does the student have ADD or AD/HD?			
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 Individua MUST be attached			
TO ASSIST US WITH SCHEDULING, Please answe	er 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 (*Hours are subject to change			
Monday through Thursday 8am - 7pm	Last tutoring session held at 6pm		
Friday 8am - 5pm	Last tutoring session held at 4pm		
Saturday 9am – 1pm	Last tutoring session held at 12pm		
NOTE: We make every attempt to meet the needs but cannot guarant			
4 Oglethorpe Professional Blvg	d. Savannah GA 31406		



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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, R	etirement, SSI, etc.)				
*Total Household Income					
* Proof of income in the form of you must be attached. A W-2 alone is no		Income Tax return or your	monthly socia	l services statement	
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, is to contact the people/agencies above confidential file.	-	-			
Relationship to Student		Date /	20	_	
Name – Please Print Clearly		Signature			

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AGREEMENT FOR THE RELEASE OF PROMOTIONAL MATERIAL

I hereby agree to allow the Tutoring Center at Royce and/or Royce Learning Center to use photographs and/or video taken of my child to use for promotional materials including but not limited to computer programs, calendars, brochures, website pages, social media, promotional videos, and newspaper articles.

Student Name - Please Print Clearly

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

Parent / Legal Guardian – Please Print Clearly

Parent / Legal Guardian - Please Print Clearly

Date _____ / ____ 20 _____