



# TUTORING CENTER AT ROYCE

## APPLICATION FOR ENROLLMENT

### 2022 – 2023 School Year

Dear Parents,

Thank you for your interest in The Tutoring Center at Royce. The Tutoring Center is one of five 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

\$ 65 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](mailto:sgreenberg@roycelc.org).

Sincerely,

Sally K. Greenberg, Program Coordinator



# TUTORING APPLICATION FOR ENROLLMENT 2022 – 2023 School Year

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

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

**Please let us know how you heard about us:** \_\_\_\_\_

## **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 (\_\_\_\_) \_\_\_\_\_

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

## **EMERGENCY CONTACT**

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.***



# TUTORING APPLICATION FOR ENROLLMENT 2022 – 2023 School Year

Student Name: \_\_\_\_\_

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 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 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 - 7p

*Last tutoring session held at 5:45p*

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.***



# TUTORING APPLICATION FOR FINANCIAL ASSISTANCE / SCHOLARSHIP

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.**

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***\*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, 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



# TUTORING CENTER AT ROYCE MEDIA / PHOTOGRAPHY RELEASE FORM

I hereby agree to allow The Tutoring Center at Royce and Royce Learning Center to use photographs and/or video taken of my child to use for promotional materials including but not limited to social medial, website, brochures, calendars, promotional videos (including television spots/features), printed material, etc.

\_\_\_\_\_ Permission Given

\_\_\_\_\_ Permission Declined

\_\_\_\_\_ Limited Permission\*

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

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

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

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

Individually and in the Capacity of Parent/Legal Guardian (if the Student is under 18 years of age)

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

\* Limited Permission Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For more information, contact the Director of Development (Guien Cutlip).***