

APPLICATION FOR ENROLLMENT 2019 – 2020 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

\$ 55 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 available* and are based on demonstration of financial need. To be considered for scholarship assistance, please complete the Application for Financial Assistance form attached to this application.

A copy of Federal Income Tax form 1040 MUST be submitted with the application.**

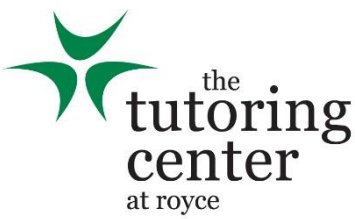
*Scholarships are based on need, and current available funding, and are not guaranteed.

***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 K. Greenberg, Program Coordinator



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One-to-One Tutoring Application for Enrollment

Today's Date: _____

Name of Applicant: _____
Last First Middle

Preferred Name: _____ Birthdate: _____ Age: _____

Address: _____ County: _____

City/State/Zip: _____ Phone: _____

Ethnicity: _____ Gender: Male Female

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:

Father/Legal Guardian: _____ Mother/Legal Guardian: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

With Whom does the applicant reside? _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

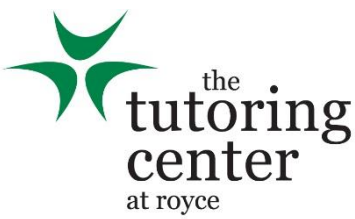
Relationship to Student: _____

RELEASE OF INFORMATION:

Signature: _____ Date: _____ 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.



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One-to-One Tutoring Application for Enrollment

Child's Name: _____

Has the student been tested or evaluated by a school or private 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 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: _____

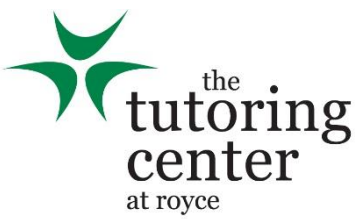
Royce Learning Center Hours

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 of individual students based on tutor availability,
but cannot guarantee time requested.***



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AGREEMENT FOR THE RELEASE OF PROMOTIONAL MATERIAL

In consideration of the benefits and services received by the Student below from the Tutoring Center at Royce and Royce Learning Center, the sufficiency and receipt of which is hereby acknowledged, the undersigned gives the Tutoring Center at Royce and Royce Learning Center, its employees, legal representatives, successors, and assigns, and all persons or corporations acting with its permission or upon its authority, and all persons or corporations for whom it is acting, the absolute right and unrestricted permission to copyright and/or use and/or publish photographic and non-photographic portraits or pictures of the Student, still, single, multiple, or moving, or in which the Student may be included in whole or in part, or composite or distorted in character or form, in conjunction with the student's or another or fictitious name, or reproductions of these photographs or pictures, in color or otherwise, made in conjunction with the school and center.

The undersigned further waives any possible right to inspect and approve the finished product or the written copy that may be used in connection with the finished product, or the use to which it may be applied. The undersigned releases and agrees to hold harmless the Tutoring Center at Royce, Royce Learning Center, its nominees, or others for whom the photographer or artist is acting, for any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in the processing tending towards the completion of the finished product, unless it can be shown that the reproduction was maliciously caused, produced and published for the sole purposes of subjecting the Student to conspicuous ridicule, scandal, reproach, scorn, and indignity.

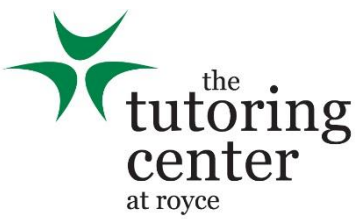
DATED this the _____ day of _____, 20 _____

Print Student's Name

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

Parent / Legal Guardian of the Student

Individually and In the Capacity of Parent/Legal Guardian (If the Student is under 18)



APPLICATION FOR ENROLLMENT 2019 – 2020 School Year

APPLICATION FOR FINANCIAL ASSISTANCE

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.***

Payer's Name: _____

Relationship to Student: _____

Payer's Employer: _____

Address: _____

Spouse's Name: _____

Spouse's Employer: _____

Address: _____

*Annual Income: Payer: _____

Spouse: _____

Dependents Living at Home:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

*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.***

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.

Signature: _____ Date: _____ Relationship to Student: _____