



**Todd Martin Youth Leadership  
Tutoring Program  
Student/Parent Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 Current School \_\_\_\_\_  
 Known Allergies \_\_\_\_\_  
 Ethnic Background (circle): African American      Asian      Caucasian  
    Hispanic      Multiethnic      Other  
 Parent/Guardian Name(s) \_\_\_\_\_  
 Home/Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

	Parent/Guardian #1	Parent/Guardian #2
Name		
Home #		
Cell #		
Work #		
Email		

Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

**Tutor Student Communication**

I give permission for the tutor to:

- \_\_\_ have my (parent/guardian) email and communicate through me.
- \_\_\_ have my child's email and communicate directly to my child.
- \_\_\_ neither of the above

**Secondary Contact information in Case of Emergency**

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_

**Student Transportation Home from TMYL After School Tutoring**

After TMYL Tutoring, my child:

- \_\_\_\_\_ has my permission to walk home without adult supervision.
- \_\_\_\_\_ will be picked up by one of the following adults: \_\_\_\_\_

### Additional Information

List extracurricular interests and/or activities your child enjoys or participates in.

\_\_\_\_\_

What is a strength you see in your child? \_\_\_\_\_

What goal do you have for your child in participating in the Todd Martin Youth Leadership Tutoring Program? \_\_\_\_\_

Does your child receive additional academic support at school? Circle one: YES NO

Does your child have an IEP? Circle one: YES NO

How do you prefer to receive communication from the Tutoring Coordinator?

\_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ email \_\_\_\_\_

### Report Card Release

I will provide a copy of my child's report cards to the TMYL Tutoring Coordinator for the purpose of aiding my child's academic progress and success. Circle one: YES NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent Code of Conduct

- I will pick up my child on time.
- I will communicate with the TMYL Tutoring Coordinator.
- I will communicate my child's absences with the TMYL Tutoring Coordinator ***in advance (24 hours unless an emergency)***.
- My child will be prepared for each tutoring session.
- I will support my child in following TMYL Participant Code of Conduct.
- I will assist TMYL in communicating with school and teacher(s) to ensure my child's success.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_