

Please complete and submit to Guidance Office by September 18th

YOUTH ENRICHMENT SUPPORT SERVICES TUTORING

Student Registration Application

Date _____

Student _____

Ethnicity _____ Age _____ Grade _____

School _____ Birthdate _____ Gender _____

Parent/Guardian 1 _____ E-mail _____

Address _____ City _____ Zip _____

Home _____ Work _____ Cell _____

Parent/Guardian 2 _____ E-mail _____

Address _____ City _____ Zip _____

Home _____ Work _____ Cell _____

IN CASE OF AN EMERGENCY IF A PARENT CAN'T BE REACHED PLEASE CALL

Name: _____ Phone: _____

Name: _____ Phone: _____

I also give consent for emergency medical care for my child if neither of the above contacts can be reached.

By submitting this registration form you agree to:

- Make sure your child attends all sessions;
- Participate in the goal setting process for your child
- Allow YESS tutors to conduct an assessment of your child's ability;
- Student are allowed 2 absences each semester. Student will be dropped from the program on 3rd absence.

Parents or Legal Guardian Signature

Date



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PHOTOGRAPH CONSENT FORM

I give the City of Alachua, Children's Trust of Alachua County, Alachua County Public Schools permission to publish images of my child.

This consent to publish includes, but is not limited to all types of reproduction of the named student's likeness, including, but not limited to, still and motion pictures, slides, websites, social media, DVD and tape recordings (audio and visual) and any other media, whether now known or hereafter devised, as unlimited number of times. I waive my rights of compensation or copyright ownership thereto:

Name of Student (please print) _____

Name of Parent/Guardian (please print) _____

Parent Signature/Guardian Signature _____ Date _____