

## Department of Education / Education Resources Division Student Development

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 310-9531 / Email address: TutoringAssistance@Chickasaw.net

## **Tutoring Assistance Application**

The tutoring assistance program coordinates access to high-quality tutoring services intended to improve the academic performance of students enrolled in Kindergarten (K)-12, undergraduate and graduate-level education programs. Applicants are eligible for assistance once per academic year. Grade reports submitted must include information for the current school year and the academic grading period in which the application is submitted.

Information contained within this referral will be considered confidential and will not be re-disclosed to third parties without the written consent of the applicant or as otherwise required by law.

<ol> <li>List the subject areas for which the applicant displays academic need for tutoring:</li> <li>Are tutoring resources provided and available to the applicant by the school?  Yes  No  Unknown</li> <li>Does the applicant have identified learning challenges or disabilities that the tutoring assistance program should be mindful of when identifying an appropriate tutor?  Yes  No</li> <li>Acknowledgment:</li> <li>I acknowledge that the information provided is true and correct.</li> </ol>	Applicant information:				
Mailing address:    Street   City   State   ZIP	Student name:				
Physical address:   Street	First		Last	Suffix	
Physical address:   Street	Street	City	State	ZIP	
Birth date:					
If K-12, please indicate grade level: School attending:					
Parent/legal guardian information (if applicable):  Parent/legal guardian name:    First   Middle   Last   Suffix			•		
Parent/legal guardian name:    First   Middle   Last   Suffix	If K-12, please indicate grade level:	School attending: _			
First Middle Last Suffix  Mailing address:  Street City State ZIP  Physical address:  Street Relationship: Email address:  Home phone no.: () Cell phone no.: () Work phone no.: ()  Academic needs:  1. List the subject areas for which the applicant displays academic need for tutoring:  2. Are tutoring resources provided and available to the applicant by the school? Yes No Unknown  3. Does the applicant have identified learning challenges or disabilities that the tutoring assistance program should be mindful of when identifying an appropriate tutor? Yes No  Acknowledgment:  I acknowledge that the information provided is true and correct.	Parent/legal guardian information (if applica	<u>ble)</u> :			
First Middle Last Suffix  Mailing address:  Street City State ZIP  Physical address:  Street Relationship: Email address:  Home phone no.: () Cell phone no.: () Work phone no.: ()  Academic needs:  1. List the subject areas for which the applicant displays academic need for tutoring:  2. Are tutoring resources provided and available to the applicant by the school? Yes No Unknown  3. Does the applicant have identified learning challenges or disabilities that the tutoring assistance program should be mindful of when identifying an appropriate tutor? Yes No  Acknowledgment:  I acknowledge that the information provided is true and correct.	Parent/legal guardian name:				
Physical address:    Street   City   State   ZIP	First	Middle	Last	Suffix	
Physical address:    Street   City   State   ZIP	Mailing address:	Citv	State	ZIP	
Birth date: Relationship: Email address:					
Home phone no.: () Cell phone no.: () Work phone no.: ()  Academic needs:  1. List the subject areas for which the applicant displays academic need for tutoring:  2. Are tutoring resources provided and available to the applicant by the school? □ Yes □ No □ Unknown  3. Does the applicant have identified learning challenges or disabilities that the tutoring assistance program should be mindful of when identifying an appropriate tutor? □ Yes □ No  Acknowledgment:  I acknowledge that the information provided is true and correct.		•		<del>-</del>	
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I acknowledge that the information provided is true and correct.					
	Acknowledgment:				
Applicant signature Date	I acknowledge that the information provided is to	rue and correct.			
Applicant signature Date					
	Applicant signature		Date		
Parent/legal guardian signature (if applicable)  Date	Parent/legal guardian signature (if applicable)		Date		

Return application to: Tutoring Assistance Program 300 Rosedale Road Ada, OK 74820 Phone no.: (580) 421-7711

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