

KidREACH Student Application 2017-18

Child's Last Name: _____ First Name: _____

WVEIS/Lunch Number: * _____
Required

Site Attending: **JR** **PH**
Please circle one

Parent/Guardian Name(s): _____

Mailing Address:

Phone Numbers: (in preferred calling order)
#1: _____
#2: _____
#3: _____
#4: _____

*Email: _____

Emergency Contacts:

Name: _____
Name: _____

Phone: _____
Phone: _____

Name of School: _____ **Teacher Name:** _____

World Vision, KidREACH uses the following information for the sole purpose of grants and fundraising. All information will remain confidential and anonymous.

Student Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races |

Student Birth Date: _____ **Grade Level:** _____ **Gender:** Male or Female

Is the student eligible for free or reduced lunch at school? Yes No

Does the student have special needs, requiring an IEP or 504 Plan? Yes No

Please select the type of household the student resides in the majority of the time:

- | | |
|--|---|
| <input type="checkbox"/> One biological parent in the house | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Both biological parents in the house | |

The following people are authorized to pick my child up from KidREACH:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Only the parents/guardians and people listed above will be allowed to pick up the student.

PLEASE COMPLETE ALL THREE SIDES OF THE APPLICATION

Please describe any physical or mental limitations/disabilities your child has (include any allergies, i.e. food allergies):

Your commitment to your child and his/her education is very important to his or her success. We would like very much to join with you in helping your child get one step closer to finding success in school. Please read the following and sign at the bottom if you would like your child to participate in the KidREACH tutoring program:

I, the undersigned parent/legal guardian of _____ authorize my child to participate in the KidREACH tutoring program. I also authorize the Site Coordinator and my son or daughter's tutor to obtain report cards, progress reports and test scores from his/her school and/or teachers. **Initial Here:** _____

I authorize pictures of my child and/or statements made by myself or my child to be used for KidREACH/World Vision editorials, advertising and promotional purposes.
Initial Here: _____

I will work with KidREACH to ensure my child's regular and punctual attendance at tutoring; and **being picked up on time**. In the event that my child cannot attend a tutoring session, I will notify the Site Coordinator as soon as possible that my child will be absent. If no prior notification is received, my child will be marked as "unexcused". After two unexcused absences or two late pick-ups, my child may be removed from the program and placed on a waiting list. **Initial Here:** _____

In case of any accident or sickness during any activities or during transportation to or from any activity, I agree to release KidREACH and any of its staff from liability. I also consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, dental and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. **Initial Here:** _____

I have read the commitments above and agree to the responsibilities outlined that will aid in my child's success in this tutoring program:

Parent/Guardian Signature

Date

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL OFFICE

Parent Agreement

Your commitment to your child and his/her education is very important to his or her success. We would like very much to join with you in helping your child get one step closer to finding success in school. Please read the following and sign at the bottom if you would like your child to participate in the KidREACH tutoring program.

- Complete the student application and return to the school.
- Ensure your child's regular and punctual attendance at tutoring and being picked up on time*. **It is important that you give notice to the site coordinator if you know your child will not be able to attend tutoring and to pick your child up on time.** Your child can be dismissed from the program for breaking either of these rules two times.
- Keep the site staff as informed as possible regarding your child's academic need (i.e. bring in report cards) and encourage your child to bring his/her most difficult homework to tutoring.
- Provide transportation for your child from tutoring (unless transportation is offered by the program site). If this is not possible, please talk it over with the site coordinator to see if any other alternative can be worked out to accommodate your needs.
- Students are not to bring unhealthy snacks (i.e.: soda, candy, chips, etc.) with them to tutoring. If a student has this type of food with them upon arrival they will be asked to store it in their backpack, or it will be confiscated and returned at the end of the KidREACH session.

I have read the commitment above and agree to the responsibilities outlined that will aid in my child's success in this tutoring program.

Parent/Guardian Signature

Date

Please return this completed form with your child's application.