



**POARCH CREEK INDIANS
AFTER SCHOOL TUTORING PROGRAM**
Application
2014-2015 School Year

1. Student's Name: _____
2. Date of Birth: _____ Age: _____ Grade: _____
3. Student's Address: _____

4. Student's Home Phone Number: _____
5. Tribal Roll Member _____ Roll Number: _____
1st Generation Indian Descent _____ Verified By: _____

1st Generation Indian Descent students must provide Indian verification.

6. Parent/Guardian Name(s): _____
7. Parent/Guardian Work Phone Number: _____
8. Parent/Guardian Cellular Phone Number: _____
9. School Name: _____
10. Teacher's Name: _____
11. Subject(s) student needs tutoring: _____

12. Does your child have any medical conditions, physical disabilities, allergies, etc.?
() Yes () No If you responded with yes, please explain: _____

13. Is your child currently taking any medications? () Yes () No
If yes, what kind: _____

AUTHORIZATION LIST

POARCH CREEK INDIANS AFTER SCHOOL TUTORING PROGRAM

Please list the name(s) and phone number(s) of individuals whom you authorize to pick up your child in your absence. The people on this list are the only people that we will allow your child to leave with. You may write on the back of the page if you desire to list more names. These individuals will be contacted in the order you list them.

1. Name: _____ Home Phone: _____

Work/Cell Phone: _____ Relationship to Child: _____

2. Name: _____ Home Phone: _____

Work/Cell Phone: _____ Relationship to Child: _____

3. Name: _____ Home Phone: _____

Work/Cell Phone: _____ Relationship to Child: _____

4. Name: _____ Home Phone: _____

Work/Cell Phone: _____ Relationship to Child: _____

5. Name: _____ Home Phone: _____

Work/Cell Phone: _____ Relationship to Child: _____

6. Name: _____ Home Phone: _____

Work /Cell Phone: _____ Relationship to Child: _____

With my signature below, I authorize the person(s) on this form, in my absence, to pick up my child from tutoring.

Parent/Guardian Signature

Date

Note: The information that you provide us will be kept confidential. Students should be picked up and signed out by a designated person from 5:00 p.m. to 5:15 p.m. Please be aware that if a child has not been picked up by 5:25 p.m. and we have not been contacted by the student's parent/guardian, the PCI Education department will notify Tribal Police.



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MEDICAL AUTHORIZATION

AS THE PARENT/LEGAL GUARDIAN OF _____, I
HEREBY AUTHORIZE THE REPRESENTATIVES OF THE PCI EDUCATION DEPARTMENT
(SANDRA HIEBERT, CHRISTYN SELLS, KIMBERLY MCGHEE, MAGEN WEAVER , MELBA
SMITH, AND/OR CASSIE O'BRIEN) TO OBTAIN MEDICAL TREATMENT FOR INJURIES OR
ILLNESS THAT MAY OCCUR DURING HIS/HER PARTICIPATION. I AUTHORIZE THAT MY
CHILD RECEIVE THE NECESSARY MEDICAL TREATMENT AT THE POARCH CREEK INDIANS'
HEALTH CLINIC @5811 JACK SPRINGS ROAD, ATMORE, AL 36502.

Parent/Guardian

Date

Children's Services Coordinator Signature

Date

NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Telephone #: _____

Name of Doctor: _____

Telephone #: _____

PLEASE LIST ANY EXISTING OR PREVIOUS MEDICAL CONDITIONS BELOW:

(ALLERGIES, ALLERGIC REACTIONS, ASTHMA, ETC.)



Poarch Creek Indians After School Tutoring Program

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STUDENT CONTRACT

YOUR TUTORING IS SCHEDULED FOR:

DAY(S)

3:30-5:00 p.m.

TIME

Student Rules and Responsibilities

1. It is my responsibility to bring my textbooks, homework assignments and/or study notes with me for each tutoring session.
2. It is my responsibility, upon arriving on Tribal property to report directly to the Education Department. It is also my responsibility to enter the Education Department in a quiet and orderly fashion.
3. I understand that during tutoring, I am to remain in the Education Department at all times (with the exception of restroom breaks or when escorted by an Education Department staff member).
4. I am expected, at all times, to cooperate with my assigned tutor, to maintain acceptable behavior and to work to the best of my ability.
5. I understand that fighting, disturbing other students and showing disrespect toward Education Staff will not be tolerated at any time within the tutoring program.

With my signature below, I indicate that I understand my responsibilities as a student in the After School Tutoring Program.

Student/Signature: _____

Parent/Guardian Signature: _____

Date: _____



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PHOTO RELEASE

Date: _____

I give permission for my child _____

to have his/her picture taken by the PCI Education Department Staff. I

understand this picture will be displayed to the public on bulletin boards,

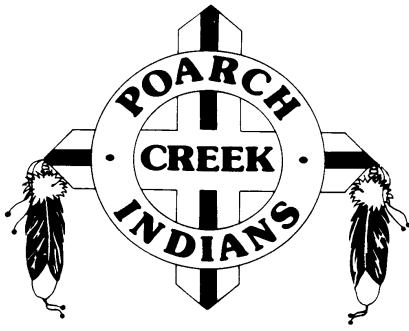
pamphlets and/or flyers.

Parent/Guardian Signature

Date

Children's Services Coordinator Signature

Date



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Authorization for Release of Student Information

I, _____ give my permission for _____ to
(School name)

release the following information as it relates to my child, _____:

Report cards, test scores, standardized test scores, DIBELS scores, Accelerated Reader Points/scores, disciplinary/behavioral information, IEP status and information, and special education testing information.

This information will be used to monitor and evaluate my child's progress, and ensure appropriateness for the PCI Remediation Program. I understand that the information released may be given verbally or in writing, and that this release is good for the academic year 2013-2014 and that I may revoke this release at any time by contacting the school and informing them of this revocation. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

Parent/Guardian Signature

Date

Children's Services Coordinator Signature

Date