

Encouraging Children to Reach Their Full Potential”

Student Name

M / F

First Middle Last (circle one)

Address

City

Home Phone

Date of Birth

Grade

Father’s Name

Occupation

Home Address

Employer

Cell Phone

Email

Mother’s Name

Occupation

Home Address

Employer

Home Phone

Cell Phone

Email

Marital Status(circle one): Married Single Divorced/Separated Widowed

Student lives with(circle one): Both Parents Mother Father Guardian

If separated or divorced, please indicate person of primary custody:

\*A copy of any court-ordered custody agreement must be given to the school to be placed on file\*

**Siblings**

Name

Age

Grade

Age

Grade

Age

Grade

**Other Members of your Household**

Name

Name

Relation

Relation

Phone

Phone

Current School Attended

Are there any medical conditions or allergies that we should know about?

With which school subjects or skills do you believe your child needs the most help?

Does your child have any diagnosed or identified learning difficulties and/or an IEP? If so, can you provide a copy of any paperwork that will help us learn about them such as an IEP or school psychologist report?

Are there any personality traits or unique tendencies that your child has that would be good for us to know as we work with him or her?

My student has my permission to ride the PASS van, to attend the after school program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature

Please initial the following Program for After-School Students policies and sign at the bottom of the page:

1. Students must report to tutoring on time.

2. If a student cannot make a scheduled session, either the parent or the student must call the tutor or PASS at (610-845-7849) as early as possible to let them know.

3. Students must come to tutoring session prepared. This will typically mean that they will bring work from their regular school courses with which to receive assistance.

4. All students must follow the directions of PASS and the Bally Community Center staff respectfully and diligently.

5. PASS programs are a privilege, not a right. Any student who proves to be uncooperative, disrespectful, or unmotivated will be dismissed from the program at the discretion of the director.

6 Parents/Guardians must take all necessary steps to make certain that tutors have access to their student’s regular school teacher and records in an effort to make the school-tutor partnership more effective.

7. Parents/Guardians will inform the PASS staff of any change of address, email, or phone number in a timely manner so that we can maintain effective communication between home and tutor.

Failure to comply with one or more of these policies may lead to dismissal from the PASS programs in which the student is enrolled.

Student Name (please print) Date

Parent/Guardian Name (please print) Relationship to Student

Parent/Guardian Signature Student

Signature

**Boyertown Area School District**

**Boyertown, PA 19512**

**Parent/Guardian Information Release Authorization**

Dear ,

We request permission to receive from/release to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a copy of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student record. Please indicate in the space below whether your are willing to authorize this release.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_ The Boyertown School District
2. **\_\_\_** Iauthorize the release of the following records:

a\_\_\_ Administrative Record (including name, address, telephone number, birth date, sex, academic level completed, grades, class standing, attendance records, parent’s names, siblings, extra-curricular activities, standardized achievement test scores, aptitude test scores)

b \_\_\_ Intelligence test scores

c \_\_\_ Validated teacher and/or counselor observations and evaluations

d \_\_\_ Family information and background data

e \_\_\_ Personal evaluation reports

f \_\_\_ Medical recommendations/reports

g \_\_\_ Special education reports (including IEP, ER, NOREP, etc.)

h. \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_ I do not wish the records released as requested

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**Date Parent/Guardian Signature**

Should you wish to examine your child’s record st any time, you may arrange to do so by making an appointment with the principal