

# Jackson High School Registration form

## Consent to participate in the JHS Tutoring Program

Please fill out the form below and return it to the JHS office. ALL students MUST return a completed consent form before participating in the JHS tutoring program. **Tutoring is available on Monday-Friday @ 7am and Monday-Thursday from 3:10-4:30pm beginning Oct. 8<sup>th</sup>.**

### General Information:

Student's Name: (please print) \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

### Transportation Information:

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My child will be going home from the **JHS Afterschool Tutoring Program** by:

\_\_\_\_\_ **being picked up by a parent, guardian, or other designated person**

\_\_\_\_\_ **walking home**

\_\_\_\_\_ **driving home**

Please list anyone who is allowed to pick up this student other than the parent or guardian.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**If you are picking up your child from tutoring you must come in the JHS office and sign him/her out. Your child will not be allowed to walk home unless previous arrangements IN WRITING have been made.**

Check Area of Concern: Math \_\_\_\_\_ Language Arts \_\_\_\_\_ Science \_\_\_\_\_ Social Studies \_\_\_\_\_

Please list any additional concerns/information on the bottom of this form that after-school personnel need to know concerning your child's academic needs, health, safety, etc.

