

# Jackson High School

## Registration form

### Consent to participate in the JHS Afterschool 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 afterschool tutoring program.

#### 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:

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.