



# 2016-2017 HOMEWORK HUDDLE ENROLLMENT FORM



Student Information				
School Name	Student Name	Student ID	Homeroom Teacher	Grade
Fort Myers Middle Academy				
Parent Information				
Parent Name	Cell Phone	Home Phone	Work Phone	Email

My child normally rides the bus to and/or from school: YES or NO **(REQUIRED)**

If yes, provide home address:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**How will your child get home from tutoring? (REQUIRED - check one)**

My child will need bus transportation.

My child will go to the after school day care program at the school.

I will pick my child up from the tutoring program.

My child will walk/ride bike home from the tutoring program.

**Parent agrees to: (initial beside each activity – SIGNATURE REQUIRED)**

\_\_\_ Ensure that my child actively participates in the learning process.

\_\_\_ Ensure that my child attends the scheduled sessions for the duration of the program.

\_\_\_ Provide transportation from the school unless other arrangements have been made.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The School agrees to: (initial beside each activity)**

\_\_\_ Enable the student to attain his/her specific achievement goals.

\_\_\_ Measure the student’s progress and regularly report progress to parent monthly.

\_\_\_ Contact the parent if attendance negatively impacts learning.

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Use Only**

Tutoring Subject: \_\_\_\_\_

Name of Tutor: \_\_\_\_\_