

**Ratibu Shadidi Literacy Program Tutee Application: 2016-2017**

Child's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Does your child have severe allergies? \_\_\_\_\_

Participation in Special Programs: Special Education  Dual Immersion  GATE  Other

Preferred day for tutoring: Monday  Tuesday  Wednesday  Thursday

Primary language(s) spoken in the home \_\_\_\_\_

Siblings attending the Literacy Center \_\_\_\_\_

**Emergency Contacts**

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent Signature \_\_\_\_\_