

# GRANDMA'S HOUSE – A VISION OF HOPE

226 South Blackstone - Tulare, California

(559) 631-4200 or (559) 687-0925

## EMERGENCY INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Phone \_\_\_\_\_

1. Emergency Contact Person \_\_\_\_\_  
(Name) (relationship to child) (Phone Number)

2. My child is allergic to: \_\_\_\_\_

3. My child's doctor: \_\_\_\_\_ 4. Doctor's phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Phone Number)

Parents' Email: \_\_\_\_\_

## AFTER TUTORING

( ) I will pick my child up.

( ) My child will walk home.

Additional Information:

---

---

---

---

---

---

---

---

---

---

# FAMILY INFORMATION



Grandma's House is a 501 ( c ) ( 3 ) non-profit corporation. We are able to run our program through grants and donations from organizations, businesses and individuals. Many of the grants require the following information. It is this funding that allows us an opportunity to offer this program free to any student. Please assist us by answering the questions below.  
Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Ethnicity:**

- Caucasian                       African American                       Native American  
 Latino                               Asian                                       Pacific Islander  
 Other: \_\_\_\_\_

## **Parent's Level of Education:**

- No schooling                       K – 8<sup>th</sup> grade                               Some high school  
 High School GED                       Some college                               BS/BA  
 Masters                               Doctorate                                       Trade/Technical./Vocational.

## **Family Type:**

- Single mom responsible for the care of the children  
 Single father responsible for the care of the children  
 Multi-generations  
 Joint Custody  
 Kinship Care  
 Foster Care (includes youth living with relatives if it is a formal home placement)

**Student's School Lunch:** All students in Tulare City Schools receive  Free

## Tulare City School District

### *Authorization to Release Student Record Information*

I (*parent or legal guardian*) \_\_\_\_\_, hereby authorize Tulare City School District, its officers, agents and employees, to release and furnish the following student records:

- 1. State Performance Level or Assessment scores**
- 2. Test scores (classroom) or any academic information needed**
- 3. Behavioral issues that have impacted learning.**
- 4. Socioeconomically Disadvantaged Status**

which pertain to my child (*name*), \_\_\_\_\_, Grade: \_\_\_\_\_ a student enrolled in, or formerly enrolled in Tulare City School District. The above student records are to be released to:

Grandma's House      226 S Blackstone St      Tulare,      CA  
93274  
(Name)                      (Address)                      (City)                      (State)                      (Zip Code)

for the purpose of **providing academic support**

In giving this authorization, I am agreeing to waive any rights I may have to maintain the confidentiality of such student record information pursuant to law, or to assert any privilege to do so as to the above-named persons. This information may not be transmitted to others without my written consent.

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent or Legal Guardian)



## Distrito Escolar de La Ciudad de Tulare

### *Autorización para Liberar Información de Registro del Estudiante*

Yo (padre o guardián legal) \_\_\_\_\_, dppor este medio autorizó al Distrito Escolar de la Ciudad de Tulare, sus oficiales, agentes y los empleados, a liberar y suministrar lo siguientes registros del estudiante:

1. **Nivel de rendimiento del estado**
2. **Resultados de las pruebas (aulas) o cualquier otra información académica necesaria**
3. **Problemas de conducta que han afectado el aprendizaje**
4. **Estado de Desventajas socioeconómicas**

Que pertenece a mi niño (nombre), \_\_\_\_\_, un estudiante matriculado adentro, o matriculado antes en el Distrito Escolar de la Ciudad de Tulare. Los registros de los estudiante por encima son para ser lanzado a:

Grandma's House      226 S. Blackstone St.      Tulare, CA      93274  
(Nombre)                      (Dirección)                      (Ciudad) (Estado) (Código postal)

Para el propósito de **proveer apoyo académico**

En dar esta autorización estoy de acuerdo de renunciar cualquier derecho que pueda tener para mantener la confidencialidad de tal información de registro del estudiante conforme a ley, o afirmar cualquier privilegio de hacerlo a las personas mencionadas anteriormente. Esta información no se puede transmitir a otras sin mi consentimiento por escrito.

Fecha \_\_\_\_\_

Firma \_\_\_\_\_  
(Padre o Guardián Legal)

# GRANDMA'S HOUSE – A VISION OF HOPE

226 South Blackstone Ave. – Tulare, California 93274

[www.grandmas-house.org](http://www.grandmas-house.org)

Facebook

August 12, 2019

Dear Parents,

Grandma's House is excited about this coming year and the opportunity to work with your child. Grandma's House is open for tutoring three days a week, Tuesday – Thursday. This gives us only 99 tutoring days; however, it is our goal to spend each of these days assisting your child (rend). As a partner in your child's education, it is important for your child to be at tutoring every day, unless he/she is ill. Students will be dropped if they have three unexcused absences.

When we receive the referral from you or the teacher, the first thing we will do is look at the information received from the teacher as to where the child is functioning academically and what support is needed, based upon his/her grade level. This information will assist us in providing the support your child needs. **The referral packet consists of the following:**

**The referral form** – for your child to attend tutoring at Grandma's House. There is a section for you to fill out. The teacher will fill out the rest. This is very important.

**Exchange of information form** – you will need to sign it. It gives the teacher and the District permission to share academic needs and assessment information about your child, with Grandma's House.

**Emergency Card** - you must fill this out and leave it with the packet.

**Photographing/videotaping of students** - as the parent, you will need to read and sign this form. It gives us permission to include your child's picture in the newspaper or in various video presentations we do for Grandma's House.

**Family Information Form** – this form provides information about you and your family that will assist us when applying for grants and other funding.

**Total packet**, whether initiated by the parent, principal or the classroom teacher, once it is completed, need to be return to Grandma's House.

We have also included a calendar for the 2019 - 2020 school year. Please keep this calendar, it will provide information as to the days Grandma's House is in session and our minimum day schedule.

Sincerely yours,

*Flora A. Johnson*

Mrs. Flora A. Johnson  
Founder/Director



**GRANDMA'S HOUSE – A VISION OF HOPE**

226 South Blackstone – Tulare, California 93274

[www.grandmas-house.org](http://www.grandmas-house.org)

Facebook

(559) 631- 4200 – (559) 687- 0925

**(REFERRAL FORM)**

Date: \_\_\_\_\_

**Student / Parent Information**

Student Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent / Guardian e-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health / Medical Issues: \_\_\_\_\_

**School / Teacher Information**

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Teacher's e-mail Address: \_\_\_\_\_

**Academic Performance**

**Test Scores: English-Language Arts:**

Adv \_\_\_\_\_ Prof. \_\_\_\_\_ Basic \_\_\_\_\_ Below \_\_\_\_\_ Far Below \_\_\_\_\_

**Test Scores: Math:**

Adv \_\_\_\_\_ Prof. \_\_\_\_\_ Basic \_\_\_\_\_ Below \_\_\_\_\_ Far Below \_\_\_\_\_

ROLA Level: \_\_\_\_\_ Grade Equivalency: \_\_\_\_\_

TCSD Writing Rubric Score: \_\_\_\_\_

I give my consent for Grandma's House – A Vision of Hope – to work with my child, collaborate with his/her classroom teacher and you regarding academic and behavioral issues in an effort to increase his/her academic performance and modify behaviors that have impeded his/her learning.

( ) My child can walk home.  
on time.

( ) I will pick my child up

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

\_\_\_\_\_  
Teacher Signature