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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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 – 8th 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 (X) 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) ______________________________, por 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)
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
(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. ( ) I will pick my child up on time.

_________________________________   ________________________
Parent Signature  Teacher Signature