

Grant award: S215G140114, 100% federally funded

Three Rivers Education Foundation

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FREE TUTORING IN READING: REGISTRATION FORM

Use this form to register your child for free tutoring in reading. Use one form per child. **Submit this form to your child's school.**

By submitting this registration form, you agree to

- Make sure your child attends all sessions;
- Provide transportation, as needed, to attend the sessions and for pick-up after the sessions;
- Contact the tutor in advance if your child will not be able to attend a tutoring session;
- Notify the tutor if your contact information changes, particularly phone numbers;
- Participate in the goal setting process for your child;
- Allow reading tutors to conduct an assessment of your child's reading ability; and
- Allow the school to release relevant education information regarding your child to TREF representatives to support service delivery, education research, and project evaluation.

Student's name:				
School:	School district:			
Grade:				
Teacher's name (PreK-5th grad	le, if known):			
Student ID number (if known):				
Age: Birthday	(MM/DD/YYYY): _			
Child's primary language:		Male:	_ Female:	(check one)
Your name:	Relation:			
Your main phone number:	mber:Secondary phone number:			
Mailing address:				
E-mail Address:				
Who is authorized to pick up yo	our child (other than y	ourself)?		
1	Phone:		Relation	n:
2	Phone:		Relation	n:
When is your child available fo	r tutoring? Sun:N	Mon: _Tu	ie:Wed: _7	Γhu:Fri:Sat: _
(Check the days that are	e available. Monday -	Friday w	ill be after sc	hool.)
I agree to the terms above and	d would like to regist	er my ch	ild for readi	ng tutoring.
Sign:			Date:	