



Wizard's Wardrobe Student Application
for after-school 1-on-1 tutoring

Student Name _____

Date of Birth _____ Gender _____M _____F

Parent/Guardian Name(s) _____

Address _____

E-mail _____

Parent Phone (home) _____ (work) _____ (cell) _____

School _____ Grade _____

Teacher _____

Name(s) of those allowed to pick up student, if other than parent

_____ Phone _____

_____ Phone _____

Availability & Interests

We would like to work with each student twice a week for 1 1/2 hours each time after their school day but ending no later than 5:30 PM.

Please list all days student is available: _____ Mon _____ Tues _____ Wed _____ Thurs
(Days picked will depend on availability of tutor.)

Student's interests: _____

Student allergies/meds:

Student special needs or concerns: _____

Emergency contact name: _____ Phone: _____

(Over)

Expectations of students: will come to tutoring regularly
will take tutoring seriously
will behave in appropriate manner or may be asked to leave program

Expectations of parents: will attend an orientation
will notify program if student will be absent so tutor can be notified
will pick child up on time
will provide at least 1/2 hour of “no screen” time each day (no use of electronics)
will read to child each day when possible
will volunteer with Wizard’s Wardrobe when possible

I have read what is expected of my child and myself and agree to these requests.

Parent/ Signature: _____ Date: _____
Guardian

I give permission to the Wizard’s Wardrobe to speak with my child’s teachers and/or obtain information about levels and progress he/she is making there.

Parent/ Signature: _____ Date: _____
Guardian

I give the Wizard’s Wardrobe permission to use my child’s picture in any of their literature.

Parent/ Signature: _____ Date: _____
Guardian

Please return to: South End Neighborhood Tutors
20 Rensselaer Street Box #2
Albany, NY 12202