



“STUDY BUDDIES”

PERMISSION AND RELEASE

The tutoring program at **Study Buddies** is designed to provide tutoring free of charge to students within the community.

The undersigned hereby holds harmless and releases **Study Buddies**, its officers, staff members, and volunteers from any loss, liability, claim, suit or judgement that may arise out of or in connection with the undersigned making use of or participating in the free tutoring program.

It is further understood and agreed that **Study Buddies**, its officers, staff members, and volunteers are simply providing a free tutoring experience to students. No claims or promises as to the student’s progress is intended or implied. All students participating in the free tutoring program do so with the consent of their parents/guardians on a voluntary basis.

All transportation arrangements, as well as picking up the student on time, are the sole responsibility of each parent. The staff and volunteers of **Study Buddies** leave promptly at the end of each session and are not responsible for students left after that time. The volunteers and staff will not, under any circumstances, pick up or transport any child to or from home. Any such action will be cause for the termination of that volunteer’s participation as a tutor at **Study Buddies**.

I hereby give permission for my child to participate as a student at **Study Buddies**.

Student’s Name _____

Parent’s Name(s) _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Phone _____

Parent’s Signature _____ Date _____



“STUDY BUDDIES”

STUDENT REGISTRATION AND EMERGENCY CONTACT INFORMATION

Student's Name _____

Date of Birth _____ Grade _____ School _____

Parent/Guardian Name(s) _____

Address _____

City _____ Zip _____

Home Phone _____

Mother's Cell Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Father's Work Phone _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____ Phone _____

Contact Name _____ Relationship _____ Phone _____

Is the student under medical care and/or taking medication? YES NO

Please describe: _____

Does the student have any food allergies or other conditions we should be aware of? YES NO

Please describe: _____

If a medical emergency should arise and the emergency contacts are not available, I, the parent or guardian of _____ WILL / WILL NOT (circle one) give permission for the staff of Study Buddies to seek medical treatment for the above-named student.

Parent's Signature _____ Date _____



“STUDY BUDDIES”

STUDENT / PARENT PARTICIPATION CONTRACT

I, _____
(Parent or Guardian)

and I, _____
(Student)

have read and understood the **Study Buddies** guidelines and criteria.

We (parent and student) have agreed to make a commitment to the **Study Buddies** program by following the attached guidelines and criteria. It is understood that my child will be removed from the program if he/she fails to follow the established rules for participation in the program. Additionally, I have the option to remove my child from the program at any time.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



“STUDY BUDDIES”

STUDENT INFORMATION (To be completed by teacher and signed by parent)

Student’s Name _____

School _____ Grade _____

Teacher _____

Dear Teacher:

Please describe the areas in which you believe this student needs assistance.
Tutors working with him/her will concentrate their efforts in these subjects.

Subject _____

Subject _____

Subject _____

Comments: _____

Teacher’s Signature _____ Date _____

* * * * *

I authorize the participating school district to obtain or exchange educational information with representatives of **Study Buddies** who have been or are working on behalf of my child.

Parent’s Signature _____ Date _____