



APPLICATION FOR HOMEWORK HELP

Date _____

Name of student _____

Parent's name _____

Address _____

Telephone # _____ Cell # _____

School Name _____

Grade as of September 2008 _____

What Session are you interested in? (circle one) 2:30-3:30 3:30-4:30 4:30-5:30

Explain any concerns pertaining to your child's homework habits:

Is there any important information we should know about your child? (ex: allergies, health concerns, etc.)

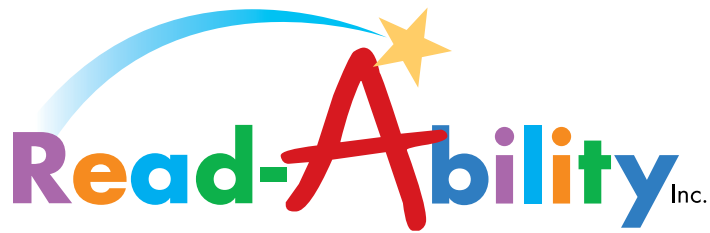
How did you hear about us? _____

For Office Use Only

Homework pass for the month of: _____ Start date: _____

Session: _____ Payment: _____

Comments: _____



HOMWORK HELP CONTRACT

Date _____

Dear Parent,

The Homework Help Pass Program was created to assist students in a stimulating, non threatening environment with completing homework and class assignments given by your child's teacher. Your child will be surrounded by a support team including, a certified reading specialist, educators, and high school students looking to enter the field of education in the future. We hope that this experience will help your child complete assignments that reinforce important lessons and concepts taught in school, and build confidence needed for them to become critical thinkers and learners, as well as help parents overcome some frustration associated with completing homework assignments with their child.

HW passes will be given to be used Monday-Friday for homework help for 1 hour sessions. This pass is not intended as a drop off service other than completing homework or class assignments given by your child's teacher. Please pick up your child promptly to avoid unnecessary upset and worry.

Please make sure that your child comes to homework help **PREPARED!**

There will be no eating or drinking during homework help. Please make sure you child has a snack prior to entering the building.

\$200.00 is due at the beginning of each month. If your child is out, or there is a holiday, there are no make-ups. (Some exceptions apply.)

If a student does not demonstrate appropriate behavior during homework help he/she may have homework help pass terminated.

By signing this document you are agreeing to the terms stated above.

Student's Name (please print)

Parent's Name (please print)

Parent's Signature

Date