SMART START LEARNING ACADEMY

Tutoring Program | Alexandria, Louisiana | 713-540-6112

TUTORING ENROLLMENT / REGISTRATION FORM

Student full name	
Date of birth	
Age / Grade	
School	
Parent/Guardian name	
Home address	
Parent phone	
Parent email	

Subjects needing support

■ Reading ■ Writing ■ Math ■ Science ■ Homework Help ■ Test Preparation ■ Other: _____

Primary tutoring goals	
Current academic concerns	
Preferred tutoring days/times	

Parent/Guardian Signature: _____ Date: _____

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STUDENT ACADEMIC ASSESSMENT

Student name	
Grade	
School	
Assessment date	
Tutor/Assessor	

Current skill areas
Reading level/notes: _____

Math level/notes: _____

Writing level/notes: _____

Academic strengths	
Areas needing improvement	
Teacher/parent concerns	
Short-term goals	
Long-term goals	

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EMERGENCY CONTACT & AUTHORIZED PICKUP

Student name	
Parent/Guardian name	
Primary phone	
Secondary phone	

Emergency Contacts

Contact 1 - Name / Relationship / Phone	
Contact 2 - Name / Relationship / Phone	

Authorized Pickup Persons

Name / Relationship / Phone	
Name / Relationship / Phone	
Name / Relationship / Phone	

NOT authorized to pick up student: _____

Parent/Guardian Signature: _____ Date: _____

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MEDICAL, ALLERGY & EMERGENCY INFORMATION

Student name	
Primary physician	
Physician phone	
Health insurance / Policy #	

Allergies: _____

Medical conditions or special considerations: _____

Medications relevant to care: _____

Emergency Authorization
I authorize Smart Start Learning Academy staff to contact emergency services when reasonably necessary for my child. I understand that staff will attempt to contact me or an emergency contact as soon as practicable.

Parent/Guardian Signature: _____ Date: _____

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PARENT CONSENT & TUTORING AGREEMENT

I give permission for my child to participate in Smart Start Learning Academy's tutoring program. I understand that tutoring is intended to provide academic support and does not guarantee a particular grade, test score, or school outcome.

Parent/Student Expectations

- Students should arrive prepared and participate respectfully.
- Parents should provide accurate academic and contact information.
- Families should notify Smart Start of absences or schedule changes.
- Smart Start may communicate progress and academic concerns with the parent/guardian.

Student name	
Parent/Guardian name	

Parent/Guardian Signature: _____ Date: _____
Student Signature (if appropriate): _____ Date: _____

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TUITION, PAYMENT & ATTENDANCE AGREEMENT

Student name	
Tutoring rate	
Payment due date/frequency	
Approved schedule	

Program Policies

Payment policy: _____

Late payment policy: _____

Cancellation / missed-session policy: _____

Make-up session policy: _____

Parent/Guardian Signature: _____ Date: _____

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PHOTO / VIDEO RELEASE

Student name: _____

Please select one option:

■ YES - I give Smart Start Learning Academy permission to photograph or record my child for appropriate academy communications, website, social media, or promotional materials.

■ NO - I do not give permission for my child to be photographed or recorded for promotional use.

Parent/Guardian Name: _____
Signature: _____ Date: _____

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TRANSPORTATION AUTHORIZATION

Complete this form only if transportation is offered for the student's program.

Student name	
School / Pickup location	
Drop-off location	
Transportation days	

■ I authorize transportation as listed above. ■ I do not authorize transportation.

Special transportation instructions: _____

Parent/Guardian Signature: _____ Date: _____

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STUDENT SIGN-IN / SIGN-OUT SHEET

Date	Student	Time In	Time Out	Pickup Adult / Signature

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TUTORING PROGRESS REPORT

Student name	
Tutor	
Reporting period	
Grade / School	

Subjects/skills worked on: _____

Progress observed: _____

_____

Areas needing continued support: _____

_____

Recommended practice at home: _____

Tutor Signature: _____ Date: _____

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INCIDENT / ACCIDENT REPORT

Student name	
Date	
Time	
Location	
Staff member completing report	

Type: ■ Injury ■ Behavior ■ Illness ■ Other: _____

Description of incident: _____

_____

_____

Action taken: _____

_____

Parent/Guardian notified? ■ Yes ■ No Time: _____ By: _____

Staff Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

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PARENT HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have received or been given access to Smart Start Learning Academy's current tutoring policies/parent handbook. I understand that I am responsible for reviewing the policies regarding attendance, payment, pickup, behavior, safety, communication, and other program expectations.

Student name	
Parent/Guardian name	

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Enrollment received	
Start date	
Assigned tutor	
Schedule	
Notes	