

Refuge Ministries, Inc. Tutor Registration Form
1155 Churchill Hubbard Rd. Youngstown, OH 44505

Student Information			
Name			
Age	School	Grade	
Address			
City	State	Zip	Phone
Tutoring Subject(s) (check all that apply): <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Reading <input type="checkbox"/> Social Studies <input type="checkbox"/> Language Arts <input type="checkbox"/> Other _____		Any special notes or requests?	
Parent Information (please complete at least one of the following)			
Mother's Name			
Address			
City	State	Zip	Phone
Father's Name			
Address (if different)			
City	State	Zip	Phone

I, _____ hereby grant permission for Refuge Ministries, Inc. to
(parent name)
obtain the educational records of my child, _____ for the purpose of
(student name)
documenting progress through this tutoring program.

Refuge Ministries, Inc. will not sell, make public or keep any of your child's records. The records are for the sole purpose of documenting progress of your child through the tutoring service program. We want your child to accomplish all of his or her goals and will do everything we can to help make that happen. With our skilled and highly qualified tutors, we believe that your student can increase their efficiency in the classroom. Our promise is to work with your student until they are comfortable with their academic achievement.

Parent Signature _____ Date _____