

699 Summit Blvd.
P.O. Box 459
Frisco, CO 80443

970-668-0954
www.clcsummit.com

For Office Use Only:
Date: _____
Tutor: _____
Program: _____

Enrollment Forms

Student Information

Name:

_____ Last First Prefers to be called

Date of Birth:

Grade:

Mailing address:

_____ Street or P.O. box City, State Zip

Current school:

Student Phone and Email:

Parent Information

Parent/Guardian Name:

_____ Last First

Mailing address:

_____ Street or P.O. Box City, State Zip

Phone Numbers

Home -

Work -

Cell -

Email address:

Emergency Contact
(other than a parent):

_____ Last, First

Relationship to student:

Phone Numbers:

Home -

Work -

Cell -

Email address:

Academic Information

Briefly describe your academic goals and what you expect to gain from your tutoring:

Does the student have: **An IEP?** Yes No **A 504 plan?** Yes No

If yes, please explain:

Favorite school subjects:

Ideal work environment:

Extracurricular Interests

Sports and other activities:

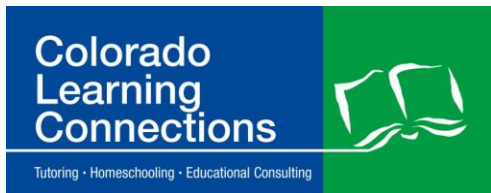
Interests and hobbies:

Last book read:

Student is applying for (please check all that apply):

- Tutoring Independent Education SAT/ACT Prep
 College Counseling Other _____

How did you hear about Colorado Learning Connections?



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Confidentiality and Records Release

I, (print name) _____ grant permission to the Summit School District and any of its representatives (including, but not limited to: teachers, counselors, and administrators) to speak with teachers and/or tutors from Colorado Learning Connections regarding the academic history and progress of my child,

_____.

I further authorize the Summit School District and any of its representatives to release any academic records, academic testing results, and/or schoolwork requested by Colorado Learning Connections.

Name of Parent/Legal Guardian: _____

Parent/Guardian’s Signature: _____ Date: _____

Student Information

Student’s Legal Name: _____

Student’s Preferred Name: _____

Student’s Date of Birth: _____

School Information (for student’s current or most recent school)

Name of School: _____

Name of School District: _____

School’s Address: _____

School’s Phone: _____

FOR SCHOOL OFFICIALS:
Please send student records to: Colorado Learning Connections
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