

Matched with _____	Date _____
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LEARNER APPLICATION

Date of Application _____

Learner's Name _____

Date of Birth (dd/mm/yr) _____

Adult contact name(s) _____

Relationship to learner _____

Is anyone else involved in decision-making for this learner? No Yes (if yes, please include name and contact information) _____

E-mail Address _____

Mailing Address: Box # or Rural Route _____

Street Address or Fire Number _____

Town/postal code _____

Phone Number: Primary _____ Other _____

Text-enabled? No Yes What is the best way to reach you? _____

Learner's Current Grade _____ School _____

Learner's interests and hobbies _____

School Assistance? _____

School Assessments? _____ Results? _____

Why are you concerned with this child's literacy skills? _____

What do you hope to achieve with a tutor? _____

Do you have a preference for a tutor? Male Female HS Student Adult No

Do you have a preference for where tutoring will take place? (Name of town and location, e.g. school, library*) _____

We match tutors to learners, in part, by geographical area. How far are you willing to travel? (town/distance) _____

Are you interested in tutoring continuing in the summer months? Yes No

Is there anything else we should know about, in order to meet the needs of this learner?

* please note: we do not tutor in-home

The South Grey Bruce Youth Literacy Council relies on donations to continue its activities. Are you willing to make a \$100 enrolment donation on behalf of your child at the time the tutor match is made, and for subsequent years if tutoring continues? (Charitable receipt will be provided.) Yes No

As a member of the Youth Literacy Program, your support of our organization in kind through volunteer work is always most welcome. Please select at least one way in which you may be able to participate:

- Tutoring someone else's child?
- Helping with fundraising events?
- Acting as a Parent Representative on the Board of Directors?

How did you hear about our program? _____

By enrolling in the Youth Literacy Program, a parent is registered as a member of the organization, and entitled to a vote at general meetings.

Parent /Learner Contract

- ◆ I understand that the tutor cannot discuss the learner by name, or by any identifying description, with friends, family or other agencies, unless the tutor has specific permission from me. (Confidentiality Agreement)
- ◆ If I have any problems or concerns, I will bring them to the attention of the Co-ordinator or the Board. I will notify the Co-ordinator when the tutor and I agree to cease tutoring sessions.
- ◆ I am willing to make a commitment to tutoring and agree to keep in touch with the Literacy Council, especially if the tutor match is not meeting my expectations.
- ◆ I am willing to release the following information to the South Grey Bruce Literacy Council to assist the Youth Literacy Program in meeting my son or daughter's academic and educational needs:
 1. My phone number as a contact to maintaining tutoring sessions
 2. Student's interests, hobbies
 3. Educational background
 4. Assessment results
- ◆ I understand this information will remain on file but will be shared with our tutor at a match meeting in the interest of benefiting my child's education.
- ◆ I support the work of the program and will endeavour to assist with its operations as requested.
- ◆ I understand that all tutors with the program are volunteers and that they are not permitted to receive remuneration for their efforts on my child's behalf.

Parent/Guardian _____

Co-ordinator _____

Date: _____