



Tutoring Scholarships for Anoka-Hennepin Indian Education Students

We will be offering tutoring scholarships to 13 students (grades 1-12) each trimester. Eight (8) students will receive services through Yellow Parachute Learning Partners and five (5) students will receive services through Sylvan Learning Centers.

In an effort to help bring our students to grade level reading, students grades 1-5 who are below reading grade level will have priority over other students (up to 3 Sylvan & up to 4 YPLP spots reserved) and will have the opportunity to continue their tutoring each trimester.

Sylvan vs. Yellow Parachute

Sylvan Learning Center	Contact information/ Location	Yellow Parachute Learning Partners
<ul style="list-style-type: none"> • Coon Rapids Sylvan Learning Center 12697 Riverdale Blvd. Suite 205 Coon Rapids, MN 55448 Phone: 763-712-1118 • Maple Grove Sylvan Learning Center 7928 Main Street Maple Grove, MN 55369 Phone: 763-494-9676 		<ul style="list-style-type: none"> • Tutoring provided in Anoka-Hennepin Schools • Yellow Parachute Learning Partners: 516 N. Pine Street Chaska, MN 55318 Phone: 612-361-7266
<ul style="list-style-type: none"> • Families must provide their own transportation to & from tutoring location • Parents may sign a release that allows student to walk home 	Transportation	<ul style="list-style-type: none"> • Families must provide their own transportation to & from tutoring location • Student may utilize activity busses
<ul style="list-style-type: none"> • 25 hours • Must be completed within the assigned tutoring period 	Sessions	<ul style="list-style-type: none"> • 15 hours • Must be completed within the assigned tutoring period
<ul style="list-style-type: none"> • If your student is going to miss a session, you must contact the Sylvan office by 12 noon the day of the tutoring session. • If your student misses (no call/no show) 2 sessions or reschedules 4 sessions, their services will be canceled. They will forfeit their ability to receive future scholarships through Indian Education. 	Missing Sessions	<ul style="list-style-type: none"> • If your student is going to miss a session, you must contact Jenny McKeand at (952)-239-2375 by 12:00 noon the day of the tutoring session. 24 hour notice is preferred. • If your student misses (no call/no show) 2 sessions or reschedules 4 sessions, their services will be canceled. They will forfeit their ability to receive future scholarships through Indian Education.
<ul style="list-style-type: none"> • Contact Sylvan Learning Center 	Questions about tutoring services	<ul style="list-style-type: none"> • Contact Yellow Parachute Learning Partners

Process for Enrollment in Tutoring Program

- Tutoring registration forms can be found on our website under the tutoring tab (ahschools.us/indianed).
- Fill out the appropriate registration forms (you may only apply for one program) and return them by mail or to the Indian Education Office during the enrollment period. Fax, email, and registrations given to advisors will **not** be accepted.

Anoka-Hennepin School District
Indian Education – Tutoring
2727 N. Ferry Street
Anoka, MN 55303

- Registrations will not be accepted outside of the enrollment period (see table below).
- Scholarships will be given out based on a random lottery drawing at the end of the enrollment period.
- Scholarship recipients will be notified by the selected tutoring service.
- Non-recipients will be contacted by their Indian Education advisor and placed on a waiting list which will roll over into the next trimester.

Trimester	Enrollment period	Tutoring period
First	September 16-20	September 30 - November 26
Second	December 9-13	January 6 - March 12
Third	March 30- April 3	April 13 - June 9



Welcome to Sylvan!

Authorization to Exchange Information

To make sure we provide the most effective Sylvan experience possible for your student, please share the information below.

Student Name _____ **Customer Name** _____

I understand that during the course of tutoring by Sylvan Learning, it may become necessary for Sylvan to consult with educators, or other professionals such as physicians concerning my student. I expressly authorize and consent to a Sylvan consultation with such professionals and experts on my student's behalf. I understand that in the course of such consultation, Sylvan may receive or give information that is of a confidential nature.

I hereby authorize Sylvan to receive and give information that may be beneficial in the instruction of my student. I also authorize my student's educators, physicians, and others who may possess confidential information concerning my student to divulge and deliver that information to Sylvan. A facsimile of this authorization should be sufficient to authorize the delivery of such information to Sylvan. Should I, at any time, wish to retain the confidential nature of any such information, I will advise you in writing.

Please select one of the options below and sign at the bottom of the form:

- YES**, I have read the above and grant authorization as stated. (Please complete the information below.)
- NO**, I do not give permission for Sylvan to obtain or release information to any outside professional working with my student

School _____ **Phone** _____

Address _____ **Principal** _____

_____ **Counselor** _____

Teacher(s)	Subject(s)	Contact Details (email, phone/fax)

Is your child currently in any special placement in school? (reading, math, speech, EH, LD, etc.) If yes, please explain: _____

Customer Signature _____

Date _____



Emergency Release

& Authorized Transportation

Student Name _____ Student Age _____

Student Birth Date _____ Student Grade and School _____

Customer Name _____ Relationship to Student _____

Customer Address _____

Customer Email _____ Customer Phone _____ mobile work home

Alternate Phone _____ mobile work home

Preferred Method of Contact phone alt. phone email text message

Customer (2) Name _____ Relationship to Student _____

Customer (2) Address _____

Customer (2) Email _____ Customer (2) Phone _____ mobile work home

Alternate Phone (2) _____ mobile work home

Preferred Method of Contact phone alt. phone email text message

By signing this form, I am authorizing Sylvan Learning Center, in the event of an emergency where I (or my spouse) cannot be contacted, to secure whatever medical care is necessary for the safety and well-being of my student. I will assume all costs incurred for emergency care.

Primary Care Physician _____ Phone _____

Address _____
street city state zipcode

Are there any medical conditions we should be made aware of? _____

Authorized Transportation

I understand that it is my responsibility to accompany my student to and from the center. I will accompany my student to the center, wait with him / her until instruction begins, and will be available to meet my student as the instructional hour ends, unless I have provided alternate transportation instructions in writing below. I understand that Sylvan Learning personnel cannot assume responsibility for students who arrive early and do not enter the center or for students who leave the center after instruction when no one is waiting for them. I will notify Sylvan Learning Center of any changes to my student's transportation assignments. **Please check all of the approved circumstances:**

My Student is authorized to walk to/from center. Effective Date(s) _____

My Student is authorized to take a bus to/from center. Effective Date(s) _____

Sylvan Learning is authorized to release my student to one of the following parties listed below. Effective Date(s) _____

1. _____

2. _____

3. _____

4. _____

By signing this form, I acknowledge that I have read, fully understand and will adhere to the Arrival and Departure policy as indicated above. I will inform any additional responsible parties, with whom I designate authorization, of the policy.

Customer Signature _____ Date _____



Indian Education – Yellow Parachute Learning Partners Registration Form

Advisor's Name: _____

Student First Name: _____ Student Last Name: _____

Student Date of Birth: _____ School attending: _____ Student grade: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Teacher's Name: (grades K-5) _____

Parent/Guardian #1 Name: _____

Email: _____ Phone: _____

Parent/ Guardian #2 Name: _____

Email: _____ Phone: _____

Student is Currently Receiving:

_____ Special Education Services _____ Title 1 Services

_____ 504 Plan

Areas(s) of concern. Please check all for which your child needs tutoring:

_____ Math _____ Reading

_____ Algebra I _____ Comprehension

_____ Algebra II _____ Writing

_____ Geometry _____ Study Skills

_____ Calculus _____ Other

_____ Trigonometry

Please choose the style of learning that best describes your child's learning style:

_____ Auditory - learns and retains information best by hearing

_____ Kinesthetic - learns and retains information best through hands-on experience

_____ 504 Visual - learns and retains information best through seeing

Academic History: Has your child had consistent difficulty with the noted "Area(s) of Concern"? or is this something that has recently surfaced? _____

Is there anything else you would like us to know that will assist in your child's Yellow Parachute Learning Partner experience? _____

Goals: What do you hope to achieve through tutoring? _____

Does student attend Adventure's plus? Yes No

Tutor days preferred: M T W TH F

Tutor times preferred: _____ After school _____ Evening _____ Other: _____

Tutoring location preferred: _____ Student's School _____ Library _____ Other: _____

Conditions of Tutoring:

Please arrive on time. Tutors will only wait 10-15 minutes after start time.

If you need to miss a session, you must provide notification to Yellow Parachute Learning Partners @ (952)-239-2375 and your tutor by **12:00 noon the day of the tutoring session**. Credit will not be given for sessions cancelled after 12:00 PM the day of the session.

If cancellations become frequent, Yellow Parachute Learning and Indian Education reserves the right to terminate services or change the student's schedule. If you miss (no call/no show) two sessions, your student's tutoring services will be terminated.

I _____ *understand and agree to the above conditions of tutoring.*

Parent/Guardian Signature: _____ **Date:** _____

