



## Tutoring Scholarships for Anoka-Hennepin Indian Education Students

Tutoring scholarships are available to students (grades 1-12) each trimester. Eleven (11) students will receive services through Sylvan Learning Centers and (1) student will receive services through Yellow Parachute Learning Partners.

To bring our students to grade level reading, priority is given (up to seven spots) to 1-5<sup>th</sup> grade students who are below grade-level. These students will have the opportunity to continue their tutoring each trimester.

### Sylvan vs. Yellow Parachute

Sylvan Learning Center		Yellow Parachute Learning Partners
<ul style="list-style-type: none"> <li><b>Coon Rapids Sylvan Learning Center</b> 12697 Riverdale Blvd. Suite 205 Coon Rapids, MN 55448 Phone: 763-712-1118</li> <li><b>Maple Grove Sylvan Learning Center</b> 7928 Main Street Maple Grove, MN 55369 Phone: 763-494-9676</li> </ul>	<b>Contact information/ Location</b>	<ul style="list-style-type: none"> <li><b>Tutoring provided in Anoka-Hennepin Schools</b></li> <li>Yellow Parachute Learning Partners: 516 N. Pine Street Chaska, MN 55318 Phone: 612-361-7266</li> </ul>
<ul style="list-style-type: none"> <li>Families must provide their own transportation to &amp; from tutoring location</li> <li>Parents may sign a release that allows student to walk home</li> </ul>	<b>Transportation</b>	<ul style="list-style-type: none"> <li>Families must provide their own transportation to &amp; from tutoring location</li> <li>Student may utilize activity busses</li> </ul>
<ul style="list-style-type: none"> <li>25 hours</li> <li>Must be completed within the assigned tutoring period</li> </ul>	<b>Sessions</b>	<ul style="list-style-type: none"> <li>15 hours</li> <li>Must be completed within the assigned tutoring period</li> </ul>
<ul style="list-style-type: none"> <li>If your student is going to miss a session, you must contact the Sylvan office <b>by 12 noon</b> the day of the tutoring session.</li> <li>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.</li> </ul>	<b>Missing Sessions</b>	<ul style="list-style-type: none"> <li>If your student is going to miss a session, you must contact Jenny McKeand at (952)-239-2375 by <b>12:00 noon</b> the day of the tutoring session. 24 hour notice is preferred.</li> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>Contact Sylvan Learning Center</li> </ul>	<b>Questions about tutoring services</b>	<ul style="list-style-type: none"> <li>Contact Yellow Parachute Learning Partners</li> </ul>

### Process for Enrollment in Tutoring Program

- Tutoring registration forms can be found on our website under the tutoring tab ([ahschools.us/indianed](http://ahschools.us/indianed)).
- Fill out the appropriate registration forms (you may only apply for one program) and return them:
  - In person to the Indian Education Office or to your student's advisor,
  - Email to your student's advisor,
  - Or mail to the Indian Education Office

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	October 3-7	October 17 - December 9
Second	December 5-9	December 19 - March 24
Third	March 20 - 24	April 3 - June 16



# 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. 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 \_\_\_\_\_

School Website \_\_\_\_\_ Login Information \_\_\_\_\_

Additional Websites and/or Applications Used:

Student Login Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_



# EMERGENCY RELEASE

Student Name \_\_\_\_\_ Student Age \_\_\_\_\_

Student DOB \_\_\_\_\_ Student Grade at School \_\_\_\_\_

Customer Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer Email \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
☐ Mobile ☐ Work ☐ Home ☐ Mobile ☐ Work ☐ Home

Customer 2 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Customer 2 Address \_\_\_\_\_

Customer 2 Email \_\_\_\_\_

Emergency 2 Phone \_\_\_\_\_ Alternate Phone 2 \_\_\_\_\_  
☐ Mobile ☐ Work ☐ Home ☐ Mobile ☐ Work ☐ Home

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zipcode

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

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I am authorizing Sylvan Learning, in the event of an emergency where I 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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_