Upon completion of this form, please email to Melina Parks at mparks@freedomacademy.net

Melina can also be reach via phone at 206-318-2108.



Freedom Academy Tutoring Enrollment

(Inis information is co	fidential) Date	
Student's Name:	Grade:Teacher:	
Home Address:	City:	
State:Zip:	Student's Date of Birth:	
Parent/Guardian Name:	Relationship to Student:	
Parent/Guardian Cell Phone	Work: ()	
Would you like to receive u	dates/cancellations via text? Yes No	
Emergency Contact Name #	Phone:	
Emergency Contact Name #	Phone:	
What school does your stud	nt currently attend?	
Tutoring Preference:		
1 Hour - Twice Weekly - G	oup Tutoring - \$10 Weekly	
1 Hour – Twice Weekly - 1	n-1 Tutoring - \$20 Weekly	
Tutoring Focus:		
and grant reporting. I under eligible to stay and their sp tutoring again after being of becomes available. I agree to note to the school/Freedom	oble School Corporation to share any academic information necessary for the and that if I do not pay for tutoring in a timely manner my child will no long will be opened up to someone on the waiting list. If I wish for my child to opped, he/she will need to be put on the waiting list and wait until anothed drop off/pick up my child from the school to ensure my child's safety. I will cademy if there are any different dismissal instructions.	nger be begin er spot send a
accorded or made available to students of	s of any sex, race, color, national and ethnic origin or disability to all the rights, privileges, programs and activities he school. It does not discriminate on the basis of sex, race, color, national and ethnic origins or disability in admi es, and other school administered policies or programs.	
Parent or Guardian Signature	Date	_