AFTER SCHOOL TUTORING

ENROLLMENT FORM

STUDENT LAST NAME	STUDENT FIRST NAME
DATE OF BIRTH	HOME LANGUAGE
GRADE	SCHOOL
PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME
RELATIONSHIP	PHONE NUMBER
EMERGENCY CONTACT	
RELATIONSHIP	PHONE NUMBER

☐ Yes, I give permission to the Lansing School District to use photos and/or videos of this student for promotional purposes through broadcast, print, or social media.

☐ Yes, this student has permission to participate in After School Tutoring

PARENT/GUARDIAN'S SIGNATURE	DATE

Lansing School District