

On Track Reader Tutoring Program Permission Slip

EMAIL: INFO@ONTRACKREADER.COM

TEL: 231-843-2537

WEBPAGE: ONTRACKREADER.COM



School: _____ Grade: _____

Name of Teacher: _____

Name of Child: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Email: _____

Mobile Phone: _____ Other Phone: _____

Address: _____

Medical Conditions: _____

The OTR program does not have access to epi-pens or other medication. Please discuss any medical conditions with OTR staff.

Food Allergies: _____

The OTR program includes an after-school nut-free snack. Please let us know of food allergies the student may have.

Does Your Child Have an IEP?

Yes

No

Emergency Contact 1: Name: _____ Relationship: _____

Mobile Phone: _____ Other Phone: _____

Emergency Contact 2: Name: _____ Relationship: _____

Mobile Phone: _____ Other Phone: _____

Emergency Contact 3: Name: _____ Relationship: _____

Mobile Phone: _____ Other Phone: _____

EXPECTED BEHAVIOR

Students are expected to maintain the same behavioral standard that they would have during the formal school day. Please help your student follow the standards set by Ludington Elementary School.

EMERGENCY TREATMENT

By signing this form, parents give permission for their children to participate in the On Track Reader Tutorial Program and give permission to the adult in charge to seek emergency medical treatment and/or transportation for their children enrolled in the On Track Reader Tutorial Program.

CONSENT TO RELEASE INFORMATION:

1. I give permission for On Track Reader to provide and obtain the following information about my child from the Ludington Elementary School and the Ludington Area School District: reading grade reports, reading test scores, and interventions and services provided.

Yes No

(Parent/Guardian Signature): _____

2. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the On Track Reader program.

CONSENT

I give my consent for my child to participate in the On Track Reader Tutorial Program at Book Mark.

Print Name: _____

Relationship to Child: _____

Signature of: _____

Parent/Guardian: _____

Please return completed form to Bob/Carole Kosanovich or Book Mark, 201 S Rath Ave, Ludington MI 49431