

Commonweal Foundation Application for LSP Tutoring

(Please Print All Information)

Student Information:

Student Name: _____ Date: ____/____/____

Age: _____ Birth date: ____/____/____ Male: Female:

Current Grade: _____ Teacher's Name: _____

School Name and Address: _____

School Contact Person (phone number and email): _____

Reason for Referral/Tutoring Needs: _____

Additional information you would like the Commonweal Foundation LSP to know regarding your child?

Parent Information:

Parent/Guardian Name: _____

Telephone: _____ (Cell) _____ (Home) _____ (Work) Email: _____

Home Address: _____

(Street, City, State, Zip)

I give Commonweal Foundation permission to communicate with staff from my child's school regarding this request for tutoring and any issues that may arise related to tutoring. I agree to supply a copy of my child's IEP, report card, and pertinent testing results to the Commonweal Foundation LSP in order for my child to be considered for free tutoring. I further understand that the Commonweal Foundation is a private foundation and reserves the right to cease the free tutoring services at any time and for any reason. Commonweal Foundation does not provide child supervision outside of the scheduled tutoring sessions and transportation is the responsibility of the parent.

_____/_____/_____
Parent/Guardian Name Signature, Parent/Guardian Date

Commonweal Foundation 10770 Columbia Pike, Suite 150, Silver Spring, MD 20901
Phone: 240-450-0000 FAX: 240-450-4115 (attention LSP)

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION FORM:

- ____ 1) Current IEP (Individual Educational Plan) or 504 Plan
- ____ 2) Student's most recent report card
- ____ 3) Recent Testing/Evaluation (MSA, Terra Nova, MAP-R, Fountas & Pinnell, LAS Links)