



1118 Lancaster DR NE, #393, Salem OR 97301
503.425.9752 or 503.442.5172 (P) 800.315.4882 (F)

Application for Tutoring Assistance
(Please print clearly)

Mother's Name: _____

Address _____ City _____

State _____ Zip _____

Phone _____ Cell _____

Email address _____

Father's Name: _____

Address _____ City _____

State _____ Zip _____

Phone _____ Cell _____

Email address _____

Student Information:

Name: _____ Age: _____

Address _____ City _____

State _____ Zip _____

Phone _____ Ethnicity _____

Current Grade Level: _____

School presently enrolled _____

Address _____ City _____

State _____ Zip _____ School phone # _____

Student Counselor Name _____ Phone # _____

Does the student have an IEP or 504 in place with school: _____

In students own words; please provide a brief description of assistance you are requesting:

***Parents responsibility to remain on site where child is being tutored during entire session**

****Parents' consent to the use/disclosure of the above information. I understand that the use of the information for any reasons other than the expressed reasons above is prohibited. This content is subject to revocation at any time by contacting Katie's Kause for Cystic Fibrosis in writing.**

(Signature of parent/legal guardian)

(Relationship)

(Date)

(For Katie's Kause Use Only)

Tutor Assigned: _____ Phone _____

Subject or subjects assisting with: _____

Number of hours a week assigned: _____ Days: _____

Copy of tutor license attached: _____ (please check)