



1255 Robin St. Las Vegas, NV 89106  
Phone: 702-799-3140 FAX: 702-799-1810

Student Name:	_____	Parent(s) Guardian(s):	_____
Student #	_____	Address:	_____
Grade:	_____	Birth Date:	_____
School:	_____	Phone (H)	_____
Student Google School email:	_____	Phone (Work)	_____
		Email:	_____

My Child needs to be tutored in: (You may circle more than one)

Reading	Mathematics	Writing	Science	Homework
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Parent/Student Agreement: \*11th & 12th Grade Students. ACT/SAT PREP. (List Specific Test) \_\_\_\_\_

I understand that the Academic Support and Community Service Center, the Clark County School District, its employees and volunteers are providing this tutoring service free of charge for the benefit of students in the Clark County School District and I am requesting that my child be allowed to participate.

I understand that I am allowing ASCSC permission to contact my child's teacher/school site.

I understand that my child will be supervised by a responsible adult who will take reasonable precaution to protect my child from harm and injury. Every student is expected to comply with all of the rules, regulations and expectations of behavioral conduct of the Clark County School District. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision.

In the event that my child is injured, becomes ill, or involved in an accident, I understand that the supervisor will seek medical attention for my child and the center will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs.

I understand that supervision ends at the designated time established by the tutorial program.. Students must be picked up promptly, or arrangements for self-transportation should be made. Program staff, volunteers, the Academic Support and Community Service Center, and the Clark County School District assume no liability or responsibility for students left before or after tutoring program hours.

Program enrollment is at the discretion of the program staff. Every effort will be made to assist all students who enroll in the tutoring program. Uncooperative or unruly behavior may result in release from the tutoring program.

From time to time surveys will be distributed to and interviews will be conducted with program participants. Please be advised that responses from these surveys as well as test result, grades, gender/sex and academic information will be included and published in preliminary and final documents for submission to the Clark County School District. Signing of this document constitutes voluntarily consent. Names will not be included in any reports published.

Throughout the program, we are asked to take part in publicity releases by way of pictures, newspaper articles, computer generated web pages, and radio time. We may use your child's name (first only) and/or a picture in such publicity releases. Please notify the program coordinator if you do not want your child's picture and/or name used in publicity releases. Signing of this document constitutes consent for your child to have his or her picture and/or name used in connection with the tutoring program.

Parents and/or guardians are responsible for transportation to and from the center. No food or drinks are allowed in the center. Students are asked to turn off cell phones and pagers. Clark County School District's dress code is expected everyday.

I have read the above and agree to the above stated conditions.

Parent/Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_