



Registration Form
Academic Support Program
Schools of the Sacred Heart
 P.O. Box 310
 1821 Academy Road
 Grand Coteau, LA
 Phone: 337-662-5275 (x1038)

Student Name: _____ **(Preferred nickname):** _____

School and Grade: _____

Address: _____

City: _____ **State/Province:** _____ **Zip Code:** _____

Telephone: (_____) _____ **Cell phone:** (_____) _____ **Email:** _____

HOMEWORK HELPERS AND SUBJECT TUTORING (General homework or subject tutoring) provided by teachers or qualified individuals – **parents pay the tutor directly through mutually agreed upon terms**). Suggested rate is **\$40.00 per hour**.

This tutoring will be provided in the Late Leavers designated areas according to grade level for Lower School students. Upper School tutoring may include locations such as teachers' classrooms, study areas or conference rooms as well as the Library.

What days do you prefer your child to receive tutoring? (Check all that apply)

- Monday Tuesday Wednesday Thursday Friday

Is your child enrolled in Late Leavers? ____yes ____ no. If not, who will be picking up the student after tutoring? _____ (name and contact information)

The Coordinator of Academic Support will pair your child with a tutor and arrange for the sharing of contact information after which the tutor will be paid directly by the parent. Any cancellation or change of scheduled sessions should be communicated directly between the tutor and parent. Please notify the Coordinator of Academic Support with any questions or concerns.

INDIVIDUALIZED SERVICE PLAN (Support for students with exceptionalities) ____ **\$3700 per year**
 Billing structure for this plan is combined with your tuition payment and is handled by the business office.

Date of your child's most recent evaluation or diagnosis: _____

What is the primary exceptionality noted on your child's diagnosis/evaluation? _____

An **intensive intervention** plan will be developed for your child by the Coordinator of Academic Support, the Division Head and the parents. Please attach a copy of the most recent diagnosis/evaluation available. Students enrolling in Academic Support will receive four (4) hours per week of individualized and/or small group instruction delivered by the Coordinator of Academic Support, teachers and other qualified individuals.

Agreement: By signing below, you agree to the fees listed for each service and the following conditions: Services are only provided when Schools of the Sacred Heart are in session. You must give 24 hour notice to your Homework Helper/Tutor if your child will not need tutoring on a particular day, except in cases of emergency. All Individualized Service Plan payments will be included in your current tuition payment plan. For further questions, please contact the Director of Academic Support, Mrs. Leslie C. Davis (ldavis@sshcoteau.org) or 662-5275 extension 1038.

Parent Signature(s): _____

Printed Name(s): _____

