



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:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**\*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)