



Student Enrollment Application

Student Information

Full Name: _____ Grade: _____
Last First M.I.

Address: _____

Parent Phone: _____ Parent Email: _____

Pronouns: _____

Is the student bilingual? ☐ Yes ☐ No

If yes, what other language is spoken? _____

Education

Name of school: _____

Address: _____

Subjects needing tutoring in:

Math ☐ English ☐ Science ☐ Social Studies ☐

Hours of Availability

What hours will your child be available for homework help? Please check all that applies: *At this time, each student is only allowed a maximum of three hours per week. Tutoring sessions varies and is dependent upon tutor availability, but we ask applicants for this information so that we may know what hours work best for each applicant. Hours are not guaranteed but we will do our best to meet the needs of every student.*

Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm - 4:00pm <input type="checkbox"/>	3:00pm - 4:00pm <input type="checkbox"/>	3:00pm - 4:00pm <input type="checkbox"/>	3:00pm - 4:00pm <input type="checkbox"/>	3:00pm - 4:00pm <input type="checkbox"/>
4:00pm - 5:00pm <input type="checkbox"/>	4:00pm - 5:00pm <input type="checkbox"/>	4:00pm - 5:00pm <input type="checkbox"/>	4:00pm - 5:00pm <input type="checkbox"/>	4:00pm - 5:00pm <input type="checkbox"/>
5:00pm - 6:00pm <input type="checkbox"/>	5:00pm - 6:00pm <input type="checkbox"/>	5:00pm - 6:00pm <input type="checkbox"/>	5:00pm - 6:00pm <input type="checkbox"/>	5:00pm - 6:00pm <input type="checkbox"/>
6:00pm - 7:00pm <input type="checkbox"/>	6:00pm - 7:00pm <input type="checkbox"/>	6:00pm - 7:00pm <input type="checkbox"/>	6:00pm - 7:00pm <input type="checkbox"/>	6:00pm - 7:00pm <input type="checkbox"/>

Counselor's Information

To be eligible to receive free tutoring services from The Glisteners Foundation, we need your child's counselor's information to confirm that your child is a student on the school's free/reduce lunch program. Please check all applicable statements and sign below as to whether or not you consent to let us contact your child's school counselor, whether this is done by phone or email.

- ☐ Yes, I consent to allow The Glisteners Foundation to contact my child's counselor to confirm eligibility.
- ☐ No, I do not consent to allow The Glisteners Foundation to contact my child's counselor to confirm eligibility.
- ☐ I certified under oath that I am the parent/legal guardian seeking tutoring services for my child with The Glisteners Foundation and do hereby give permission for the staffs of The Glisteners Foundation to contact my child's (applicant name above/on this application) counselor to have the credentials confirmed for the purpose of processing this application.

Signature of Applicant's Parent

Date

Print Name of Applicant's Parent

Disclaimer/Wavier and Signature

I understand that The Glisteners Foundation is a non-profit organization that provides online-based tutoring services to my child free of charge.

I agree to abide by all the terms and conditions of The Glisteners Foundation.

I understand that false or misleading information in my child's application may result in the release of my child from the program, even after acceptance as a student.

I certify that all my answers are true and complete to the best of my knowledge, and that I am seeking tutoring services for my child from The Glisteners Foundation.

Signature of Applicant's Parent

Date

Print Name of Applicant's Parent