Submit application at tutor.services@ho-chunk.com

Tutoring Services Application

Educational Enrichment and Support
HO-CHUNK NATION DEPARTMENT OF EDUCATION

Student Contact Information

Student Name _____ Date _____

Preferred Name _____ Enrollment ID # _____

Address _____

Phone # _____ Email _____

- Does the student have an Individual Education Plan on file with their school?

  No ☐ Yes ☐ If yes, please submit with application.

- Name of school _____

  Address of school _____

  Phone Number _____ Contact Name _____

- Academic subject(s) in which student needs tutoring Grade _____

☐ Language Arts ☐ Reading ☐ Science ☐ Other:

☐ Math ☐ Social Studies ☐ ACT

The Education Department is pleased you have decided to take advantage of our tutoring program for the 2026-2027 school year.
Please read and initial that you are acknowledging all policies listed below for optimal program success.

1. Tribal member students are eligible for tutoring services once a completed application and release of information are on file. _____
2. Students or parents MUST contact the Tutor Services Division directly with any cancellations or attendance matters within two (2) hours prior to the scheduled session. (Please note, calling the Education Department does not suffice for proper cancellation). _____
3. The parent/ guardian of minor students will be responsible for reviewing and confirming tutoring hours for the student. _____
4. The Education Department reserves the right to withdraw the enrollment of a student who accumulates more than three (3) unexcused absences (No Show). _____

Caregiver Contact Information

First Name _____ Last Name _____

Address _____

Home Phone _____ Email _____

Is this a cellular phone? No ☐ Yes ☐

Work Phone _____ Extension _____

☐ Check box if child is in a Placement Home

Social Worker Contact Name _____ Phone Number _____

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Release of Information

Educational Enrichment and Support
HO-CHUNK NATION DEPARTMENT OF EDUCATION

Student Name _____ D.O.B. _____

Media Release:

Includes display, publication, transmission or otherwise use of photographs, images, and/or video taken of my child for use in materials of the Tutor Services Division such as brochures, news, videos, Ho-Chunk Nation website, social media, etc.

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor Education Progress
- Assessments and Referrals
- Recognition and Events
- Coordinate education services with school, family and other concerned person(s)
- Emergency/Hazards
- Tutoring
- Other (Please specify): _____

To be released to/requested from:
The Ho-Chunk Nation Education Department

Tribal Office Building
W9814 Airport Road Black River Falls, WI 54615

(715) 284-9343
(800) 294-9343
Fax (715) 284-9805
tutor.services@ho-chunk.com

School District:

Address:

Phone:

Fax:

Information to be released:

- Attendance Information
- Report Card/Progress Report
- Transcripts
- Discipline Records
- Standardized Test Information
- Current IEP/504
- Current Report Card
- Assessments and Evaluations
- Psychological Evaluations

I hereby authorize the above indicated information/records to be disclosed from the person/agency and to be released to the Ho-Chunk Nation Education Department. I understand that this authorization will remain in effect from the date of signature until the end of the 2026 - 2027 academic school year or until it is revoked by my written consent.

Caregiver Signature _____ Date _____

Revised 5/2026