Tutor Services Application



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

Student Contact Information				
Student Name		Enrollment ID #	Enrollment ID #	
Address				
Phone #				
Does the student have an Individual Education Plan on file with their school?				
No Yes If yes, please submit with application.				
Name of school				
Academic subject(s) in which student needs tutoring		Grade		
Language Arts	Reading	Science	Other:	
Math	Social Studies	ACT		
The Education Department is pleased your student will take advantage of				
Tutor Services for the 2023-2024 school year.				
Please read and initial the	following to ackno	wledge the polic	ies of Tutor Services.	
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).				
Parent/Legal Guardian Contact Information				
First Name	Last	: Name		
Address				
Phone				

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Your consent authorizes the release of records and information for the purposes of :

Monitor Education Progress • Assessments and Referrals • Recognition and Events

Coordinate education services with school, family and other concerned person(s)

Emergency/Hazards • Tutoring

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:

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 2023 - 2024 academic school year or until it is revoked by my written consent.

Student's Name	 Student's Date of Birth
Students Name	Student's Date of Birth
Parent/Guardian Signature	Date