Assigned Staff:	



CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I, as the parent/guardian of	, authorize mutual release of
(Student	
information between LPA Tutoring Staff and	
(Person or Facility)	_
	-
(Address)	-
(Phone Number)	-
for the purposes of consultation, coordination, an	d development of services.
Additional educational and/or disciplinary record	ds may be requested.
Print Name Signat	

*This release is valid for one year from the above date

Assigned Staff.	Assigned Staff:	
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Name of student (PLEASE PR	RINT):	
Grade:	Name of School:	
Date:	Date of B	irth:/
Tutoring Location:		
MICHIGAN CITY	Y VALPARAISO	MERRILLVILLE
Name(s) of legal parent or gu	uardian, if student under age 18 (PLE	ASE PRINT):
NAME:	PHONE:	<u>-</u>
NAME:	PHONE:	<u> </u>
If the student is a minor, the and communicate about tuto	name of the designated "point perso oring business and goals:	n" with whom I will arrange sessions
Home Address:		
Billing Address (if different fr	rom above):	
Point person email address:		
	unication:	
Best times to reach the tutor		

SCHEDULING

To schedule an appointment please call **219-252-5464** or **219-877-4772**.

This tutoring agreement may be terminated at any time by any party, within the cancellation policy guidelines above. If I must end the tutoring relationship for some reason, I will do my very best to give sufficient notice and provide referrals if requested.

CANCELLATION POLICY

You may cancel your tutoring session with no penalty up to 24 hours before the scheduled session. If, however, you cancel within 24 hours of the session, payment is due in full. Please initial here to verify that you understand this cancellation policy: ______

To cancel an appointment, call: 219-252-5464

CONFIDENTIALITY

TUTOR will not at any time or in any manner, either directly or indirectly, use for personal benefit, or divulge, disclose, or communicate in any manner any information that is proprietary to LPA. TUTOR will protect such information and treat it as strictly confidential (including all student information). This provision shall continue to be effective after the termination of this Agreement. Upon termination of this Agreement TUTOR will return to LPA all records, notes, documentation and other items that were used, created, or controlled by the tutor during the term of this Agreement.

STATEMENT OF WORK

SIGNATURES

The student will come prepared to every homework helper session and provide the necessary materials needed to have a productive session with the tutor. The tutor will not be held responsible if the student fails to bring materials to work on during this session.

FEE AGREEMENT

Initial set-up fee for students <u>with</u> an IEP: \$150 Initial set-up fee for students <u>without</u> an IEP: \$75

Approximate program totals:

4 sessions per week	\$120-\$250
3 sessions per week	\$90-\$200
2 sessions per week	\$60-\$100
1 session per week	\$30-\$50

^{*}Prices may vary depending on program choice.

The following is only for individual sessions:

	Homework	Homework	Remedial	Remedial
Time	Helper(Ind.)	Helper(Grp.) 2-4 kids	Tutoring(Ind.)	Tutoring(Grp.) 2 kids
30				
minutes	not available	not available	\$30	\$25
60				
minutes	\$40	\$30	\$50	\$40

Tutoring Camps available during summer months.

See tutor or program director for more information.

AVAILABLE DISCOUNTS

Pre-paid 4 unit contract, 5% discount

Pre-paid 8 unit contract, 10% discount

Family contract (2 or more kids), always billed at group rate

Tutoring Camp – families with more than 1 child attending, will pay 2nd week rates

The point person agrees to pay the tutoring fee in advance or at the beginning of the tutoring session.

All checks will be made out to:

2005 Valparaiso Street, Suite 209 Valparaiso, IN 46383