

# Parent Application for Student Enrollment at Family Learning Institute (FLI)

PLEASE RETURN THIS COMPLETED FORM ON EMAIL TO FLI.

Email: [info@familylearninginstitute.org](mailto:info@familylearninginstitute.org)

The **Family Learning Institute (FLI)** provides **free** reading tutoring. The main goal of FLI is to create successful learners. FLI Staff with volunteer tutors will meet with the student on-line using Zoom and Google Classroom. Students may be in individual sessions or small groups for literacy lessons. These meetings are prescheduled either once or twice a week. FLI staff monitor the on-line tutoring when volunteers are involved. Each volunteer at FLI receives an annual background check via the State of Michigan before interacting with students. Students are expected to attend regularly.

Student absences should be reported to FLI staff via email or telephone call, as soon as possible.

**Parents or another adult are asked to be available to monitor or assist with technology problems.**

## Student Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

PARENT/GUARDIAN Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Secondary Phone \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact person name, telephone number, and email:

\_\_\_\_\_

Please answer the following questions to the best of your knowledge. This will help us with planning.

1. Does your student have a specific area of disability? \_\_\_\_\_

\_\_\_\_\_

2. Please list other information that may help us provide better tutoring services for your student.

Comments:

\_\_\_\_\_

\_\_\_\_\_



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**PLEASE SIGN and complete this FLI consent for your student's enrollment. THANK YOU!**

1. I GIVE CONSENT for Family Learning Institute (FLI) staff to share (give and receive) academic information with my students' school personnel. This information includes school data such as, test scores, grades and other information that may assist with FLI tutoring program.

2. I GIVE CONSENT for FLI to use my child's name, photograph, video, or any likeness in media form and/or publication. This includes posting images on their website, Facebook, reports, newsletters, and newspapers. I grant FLI all rights to stated use of images without compensation.

YES \_\_\_\_\_ I GIVE CONSENT FOR PHOTO RELEASE

NO \_\_\_\_\_ I DO NOT GIVE PHOTO CONSENT

3. I give consent for my child to participate in online (ZOOM) reading tutoring/literacy lessons with Family Learning Institute volunteers. I understand that FLI staff will monitor and assist in planning but may not be present for all on- line (ZOOM) meetings.

4. I give consent for an FLI staff or my child's tutor to send me a text reminder YES NO

Text Number \_\_\_\_\_

**Parent/Guardian Printed  
Name:** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following information is needed for grant and data collection purposes only.**

1. How many people live in your household? \_\_\_\_\_
2. What is your household **annual** income? \$ \_\_\_\_\_ per year
3. Do your children **qualify for free or reduced school lunch? (Yes or No):** \_\_\_\_\_
4. What languages are spoken in your home? \_\_\_\_\_
5. How do your students identify racially/ethnically? (Please mark all that apply)

\_\_\_\_ Hispanic/Latino

\_\_\_\_ Black/African American

\_\_\_\_ North African/Middle Eastern

\_\_\_\_ Asian

Other: \_\_\_\_\_

\_\_\_\_ White/Caucasian

\_\_\_\_ Pacific Islander (including native Hawaiian)

\_\_\_\_ American Indian/ Alaskan Native

\_\_\_\_ Bi- or Multi-Racial

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