



Parent Permission Form for Augustine Tutoring

The Augustine Literacy Project®, a program of READWS and an outreach project of St. Paul's Episcopal Church, trains volunteer tutors who provide free, long-term, one-to-one instruction in reading, writing and spelling for children and teens who struggle with literacy skills. Augustine tutors serve families who would find it difficult or impossible to pay for private tutoring. Our tutors receive at least 30 hours of classroom and practicum training in a multisensory, structured literacy approach that has been used successfully for over 50 years. Tutors normally meet with their Augustine student twice a week at the child's school during the school day. If you think your child is a good candidate for Augustine tutoring, please answer all questions, sign this permission, and return it to: Address below Teacher

Student's name: _____ Age _____ Birthdate _____

Student Address: _____

(Street, City, State, ZIP)

children

Home Phone/Cell #: _____ E-Mail: _____ in family _____

Name of parent or guardian: _____ Work Phone #: _____

Race/Ethnicity: ___ Asian/Pacific Islander ___ Black/African-American ___ Hispanic/Latino ___ Caucasian
___ Other (please specify) _____

School: _____ Grade: _____ School ID#/Lunch#: _____

Teacher: _____ Tutor (if known): _____

Has your child ever been tested for a learning disability? YES NO
(If yes, please include the test results if you have them.)

If no, has your child ever been referred for testing for a learning disability or reading problem?
YES NO

In order to better serve your child, may we view your child's school records such as directory information, grades, attendance, and test scores? YES NO

May we use a picture of your child and his or her tutor in a brochure, newsletter, newspaper article, website, or social media about the Augustine Project? YES NO

May we talk to your child's teacher and/or guidance counselor to get additional educational information? YES NO

Does your child qualify for free or reduced lunch? YES NO
(If no, please explain on the back why paying for private tutoring would be difficult.)

Please include any additional information about your child or family circumstances that might be helpful to us.
All information will be kept confidential.

Signature of Parent or Guardian: _____ Date: _____

ATTACHMENT D:

CONSENT TO DISCLOSE STUDENT’S PERSONALLY IDENTIFIABLE INFORMATION WITHIN

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS EDUCATION RECORDS FOR RESEARCH PURPOSES

I/We _____ are the Parents/Guardians of Winston-Salem/Forsyth County

Schools Student (First/Middle/Last): _____.

Student information:

Student Number (Lunch Number): _____ Date of Birth (MM/DD/YYYY): _____

School: _____ Gender (Circle One): Male Female

Grade: _____ Race/Ethnicity: _____

_____ (please initial) I/We agree and consent to the release of personally identifiable information from the current and past education records of my son/daughter (hereinafter “Student”), subject to the terms of this consent agreement.

_____ I/We understand that the records to be disclosed include but are not limited to, grade reports, student achievement data, enrollment information, English language learner status, transcripts, classroom performance/behavior, and other personally identifiable information from the education records of Student.

_____ I/We agree and consent to the disclosure of the personally identifiable information from the education records of Student to the following entities; specified service provider: _____; and Forsyth Futures.

_____ I/We understand that the purpose of disclosing the personally identifiable information from the education records of Student is to study ways to improve Student’s learning and school performance, and to study ways to improve the impact of after school programs. Such information shall not be published in a manner that will lead to the personal identification of Student.

_____ I/We understand that this information is used solely for research purposes and to improve Student’s learning and school performance and shall not be further re-disclosed to third parties not named on this consent form without my/our prior written consent.

_____ I/We understand that student registration in the above mentioned service provider programming will be available to other agencies participating in this data sharing project.

_____ I/We understand that this permission is valid for as long as my student remains in the program, unless I revoke this permission in writing.

Parent(s)/Guardian(s)/Other Signature

Organization Representative

Date (D/M/Y): _____

Date (D/M/Y): _____

This Data Sharing Agreement was adapted from the Master Data Sharing Agreement developed by the Johnson Center for Philanthropy at Grand Valley State University