

Hope Tutoring School  
\*(FMN School Success Program)

## ENROLLMENT FORM

Location: Flagstaff Indian Bbile Church  
10 W Cherry Ave, Flagstaff

☐ Spring - 2019

☐ Fall - 2019

**PRINT**

**Student Name:**

(Last)

(First)

(Middle)

**Address:**

**DOB:**

/ /

**Cell Phone:**

**Attending School:**

**School Grade:**

**Allergies/Special Health Concerns:** ☐ None or Give details:

WE (I) HEREBY GIVE OUR (MY) CHILD PERMISSION TO ATTEND AND PARTICIPATE IN THE HOPE TUTORING SCHOOL. WE (I) FURTHER CONSENT TO ALLOW TUTORING STAFF TO SEEK AND OBTAIN EMERGENCY MEDICAL OR SURGICAL TREATMENT FOR OUR (MY) CHILD SHOULD THEY NEED MEDICAL TREATMENT. WE (I) ALSO GIVE OUR (MY) CHILD PERMISSION TO PARTICIPATE IN AND TRAVEL TO ANY OFFSITE ACTIVITY SPONSORED BY HOPE TUTORING SCHOOL, AND GIVE PERMISSION FOR PHOTOS/VIDEOS. (Note: Parents/ Guardians will be notified immediately in cases of emergencies. Parents/Guardians will be notified in advance of any travel or offsite activity.)

**PRINT Parent's/  
Guardian's Name:**

(Last)

(First)

(Middle)

**Address:**

**Email:**

**Cell Phone:**

Name to call in Emergency (If Parent or Guardian cannot be reached):

Name:

Relationship:

Cell Phone:

**Parent's/Guardian's  
Signature:**

**Date:**