UNI-CUE TUTORING CENTER – APPLICATION FOR ACT PREP CLASSES

Student’s Name ___________________________ School ___________________________ Grade Level ______
Student’s email address ___________________________________________________ Student’s Phone ______

Date of Birth _____________________________ Gender □ Female □ Male

Racial Background (optional) □ African American □ Burmese □ White □ Hispanic
□ Asian/Pacific Islander □ American Indian/Alaskan Native □ Other ________________

Does Student Speak English? □ Yes □ No Does the Parents Speak English? □ Yes □ No

Parent’s Name ___________________________ Phone ________________

Parent’s e-mail address ____________________________________________

When is the best time to reach you by phone? ____________________________________________

Home Address (Street, City, Zip) ____________________________________________

Emergency Contacts: Please identify someone we can contact in case of an emergency during program hours:

Name ___________________________ A ___________________________ Phone ___________________________

Medical Alerts: Please note any medical condition or special instructions (allergies, medications, etc.) that we should be aware of: _______________________________________________________

Child Pick-up: After tutoring, my child will be: □ Picked up by parent(s) □ Walk/drive home □ Be picked up by another individual (please specify): _______________________________________________________

Please give the names of anyone who should NOT pick up your child: _______________________________________________________

Enrollment is on a first-come-first-served basis. Each session will be 1 hour and 20 minutes long, excluding math. Math sessions are 2 hours long.

Please indicate your preferences for the days and times that your child would like to participate in ACT/SAT Preparatory Sessions. Students may enroll in one or more session per week. Students may enroll for additional sessions if planning to re-take the ACT/SAT.

☐ Monday Preferred Dates ________________ ___________ 4:00-5:20 ___________ 5:30-6:50
☐ Tuesday Preferred Dates ________________ ___________ 4:00-5:20 ___________ 5:30-6:50
☐ Wednesday Preferred Dates ________________ ___________ 4:00-5:20 ___________ 5:30-6:50
☐ Thursday Preferred Dates ________________ ___________ 3:30-5:30 ___________ 5:30-7:30

Are you planning to take the ACT? □ Yes □ No Date of ACT Test ___________________________

Are you planning to take the SAT? □ Yes □ No Date of SAT Test ___________________________

Photographs/Videotapes: The UNI-CUE may photograph and or videotape activities throughout the semester that may include your child. Please check the appropriate box regarding your permission for us to use these photographs and/or videos in promotional activities: □ I DO Approve □ I DO NOT Approve

NOTE: We expect program participants to be respectful of the Instructor’s time by letting them know in advance when they are going to be absent. Students who miss tutoring sessions twice without an excused absence may be dropped from the program. All absences must be reported to the Instructor or the Program Director prior to the start of the tutoring appointment. Please call 319-273-4772 or email beelendz@uni.edu to report absences. Thank you.

Parental Approval: I, the undersigned, hereby grant permission for my child to participate in the UNI-CUE Tutoring Center. I will provide transportation for my child to the UNI-CUE. I understand that the UNI-CUE Tutoring Center may be released from all claims, damages, and actions that may occur from any accident during the scheduled activities.

Signature (Parent) ___________________________________________ Date _____________

Revised 8/16/19