

## **IGLESIA EDUCATIONAL CENTERS**

72 Thurston Road, Rochester, NY 14619

Phone: 585-436-3170

Fax: 585-436-3173

1683 Dewey Avenue, Rochester, NY 14615

Phone: 585-254-2071

Fax: 585-254-2072

# **STUDENT ENROLLMENT KIT**

# IGLESIA EDUCATIONAL CENTERS

72 Thurston Road, Rochester, NY 14619  
Phone: 585-436-3170  
Fax: 585-436-3173

1683 Dewey Avenue, Rochester, NY 14615  
Phone: 585-254-2071  
Fax: 585-254-2072

## NEW STUDENT ENROLLMENT FORM

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS (if different from student) \_\_\_\_\_

PARENT/GUARDIAN PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SUBJECT(S) TO BE TUTORED IN: (please circle)

Elementary Math	Elementary English	Middle School Math	Middle School English	Algebra	Geometry
Trigonometry	Pre-Calculus	Calculus	Physics	Biology	Earth Science
Chemistry	Spanish	French	American History	Global Studies	English
SAT Prep	ACT Prep	Other: _____			

TUTORING DAYS / TIMES: \_\_\_\_\_

PAYMENT PLAN / AMOUNT: \_\_\_\_\_

**\*\* 24 HOUR NOTICE REQUIRED FOR ALL CANCELLATIONS \*\***

# IGLESIA EDUCATIONAL CENTERS

72 Thurston Road, Rochester, NY 14619

Phone: 585-436-3170

Fax: 585-436-3173

1683 Dewey Avenue, Rochester, NY 14615

Phone: 585-254-2071

Fax: 585-254-2072

## STUDENT EMERGENCY CONTACT FORM

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_  
(if different from student) \_\_\_\_\_

PARENT/GUARDIAN PHONE: HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

# IGLESIA EDUCATIONAL CENTERS

72 Thurston Road, Rochester, NY 14619  
Phone: 585-436-3170  
Fax: 585-436-3173

1683 Dewey Avenue, Rochester, NY 14615  
Phone: 585-254-2071  
Fax: 585-254-2072

## STUDENT TRANSPORTATION INFORMATION FORM

DATE: \_\_\_\_\_

PERSON REQUESTING  
TRANSPORTATION: \_\_\_\_\_

---

### STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

CONTACT PERSON AT  
SCHOOL: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

PARENT / GUARDIAN:  
PHONE(S): \_\_\_\_\_

---

### PICK UP INFORMATION

PICK UP LOCATION: \_\_\_\_\_

PICK UP ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PICK UP TIMES: \_\_\_\_\_

PICK UP DAYS: \_\_\_\_\_

SPECIAL  
INSTRUCTIONS: \_\_\_\_\_

---

### DROP OFF INFORMATION

DROP OFF LOCATION: \_\_\_\_\_

DROP OFF ADDRESS: \_\_\_\_\_

DROP OFF TIMES: \_\_\_\_\_

NAME OF PERSON  
RECEIVING CHILD(REN): \_\_\_\_\_

PHONE(S): \_\_\_\_\_

---

IGLESIA STAFF  
SIGNATURE: \_\_\_\_\_

# Iglesia Educational Center Tutoring/Transportation Agreement

## **Program Rules:**

Students are always expected to obey all adults and respond to directions.

Students will remain in assigned area for duration of that day's session.

Students will respect other students and their property.

Students should avoid using inappropriate language.

**While on the vans, students will remain in their assigned seat and listen to all directions given from the driver.**

## **First Offense:**

Warning, notice sent to parents, needs to be signed and returned to school coordinator.

## **Second Offense:**

Notice sent to parents, needs to be signed and returned to school coordinator, tutoring privileges or van riding privileges revoked for a period of two tutoring days.

## **Third Offense:**

Notice sent to parents, tutoring privileges or van riding privileges revoked until a conference between school coordinator, parent, student and/or bus driver can be completed.

## **Any Subsequent Offenses:**

Ten-fifteen day suspension from tutoring or van to consider expulsion from program or van for the remainder of the semester or school year.

Coordinators may deviate from the above plan, depending on seriousness of referral, age, appropriateness, time between referrals, and other extenuating circumstances.

Student Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address: \_\_\_\_\_

I understand that these are the rules and consequences that are necessary to provide a safe environment for me while receiving tutoring services from Iglesia Education Centers.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that these are the rules and consequences that are necessary to provide a safe environment for my child to receive tutoring services from Iglesia Education Centers.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## IGLESIA EDUCATIONAL CENTERS

72 Thurston Road, Rochester, NY 14619

Phone: 585-436-3170

Fax: 585-436-3173

1683 Dewey Avenue, Rochester, NY 14615

Phone: 585-254-2071

Fax: 585-254-2072

I give Iglesia permission to use your child's likeness and image in newsletters, Iglesia website and other promotional materials.

YES

NO

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date