



SEMINOLE TRIBE OF FLORIDA
The Education Department
Higher Education Tutoring Application | School Year 21.22

Student Information

Student's Name: _____ Member ID#: _____

Phone#: _____ Email Address: _____

Address: _____
City State Zip Code

Date of Birth _____ Age _____

Emergency Contact Information

Full Name _____ Phone # _____

Relationship to Student _____

Education Information

Name of School: _____ Classification: _____

School Start Date: _____

Academic course(s) in which student needs tutoring:
(Tutoring is only provided for Developmental or General Education Level 100 courses)

1) _____ 2) _____

Tutoring Location (Virtual or In-Person): _____

EDUCATION DEPARTMENT DOES NOT PAY FOR UNEXCUSED ABSENCES NOR HOURS THAT HAVE NOT BEEN APPROVED

Signature Required

Signature of Requestor: _____ Date: _____



SEMINOLE TRIBE OF FLORIDA

The Education Department

Higher Education Tutoring & Adult GED Application | School Year 21.22

Student Name: _____

The Education Department is pleased that you have decided to take advantage of the Tutoring Program for the 2021 – 2022 school year. **Please read and sign at the bottom, and you are acknowledging all policies listed below for optimal program success.**

1. I agree that attendance is important to reaching mastery and making academic gains, so I will attend all tutoring sessions on time and ready to learn.
2. Tribal member students qualify for four (4) hours of tutoring. Additional unapproved hours will be billed directly to the parent/guardian or student.
3. Attendance is key to success; therefore, students must attend all scheduled tutoring sessions.
4. Students or parents **MUST** contact the tutor or tutoring company directly with any cancellations or attendance matters within two (2) hours prior to the scheduled session. (**Please note**, calling the Education Department does not suffice for proper cancellation).
5. The Education Department reserves the right to withdraw the enrollment of a student who accumulates more than three (3) unexcused absences (No Show).
6. Students who are eighteen (18) years of age and older will be responsible for reviewing and confirming their own tutoring hours.

Print Name

Student Signature

Date

Education Staff Use Only (Do not fill out)

Approved Number of Hours _____ Not Approved Reason: _____

Tutor Program Supervisor Approval: _____ Date: _____
(Signature)

Comments:

Tutor Information

Tutoring Company: _____

Tutor Name: _____ Date Assigned: _____

Location: _____