



Dear Parent or Guardian,

Hello! We have had a wonderful year at San Francisco Students Back on Track and looking forward to having you and your family back for the 2018-19 school year. San Francisco Students Back on Track will open the week of **September 17, 2018**. To secure your child's spot for this fall, you must return **ALL** of the following by the **September 10, 2018** priority deadline:

- Completed Parent/Guardian FAIT Form (Return by September 10, 2018)
- Complete Enclosed Returning Student Application
- Attach Your Child's Last Report Card - MANDATORY (Mailed by School Officials in June)
- Signed Student Attendance Policy
- Signed Parent Participation, Family Commitment and Offsite Policy
- Signed SFSBOT Child Abuse Prevention Policy
- Complete Emergency Student Information

Please fill out the following information so we can register your student as quickly as possible.

- What is the name of your child's tutor? _____
- Do you want your child to continue with the SAME TUTOR if s/he is also returning?
YES _____ NO _____
- Synergy Gradebook for All Login Information:
Login Name: ' _____ Password: _____
- I agree to attend the **mandatory** Back On Track Family and Student Orientation/Workshop on **Monday, September 24, 2018**.

Parent/Guardian Name

Parent/Guardian Signature

Date

Please return your completed Returning Student Application to:

San Francisco Students Back On Track
1399 McAllister Street
San Francisco, CA 94115

Fax
(415)795.1934

Email
sfsbackontrack@gmail.com



RETURNING STUDENT APPLICATION

I. General Information

Student Name: _____
Last *First*

Street Address: _____

City, Zip Code: _____ Public Housing: Homeless: CalWorks: CalFresh:

Birthday: (mm/dd/yy) _____ Age: _____ School: _____ Grade: _____

Gender: Male Female Teacher/Guidance Counselors: _____

Race/Ethnicity (for statistical purposes only): Asian Black/African American Latino
 Native American/Native Alaskan Pacific Islander White Multi Racial/Multi Ethnic Other

II. Parent/Guardian Information

1. _____
First Name *Last Name* *Relationship to Student*

Home Phone *Work Phone* *Cell/Pager*

Email Address: _____ Immigrant

2. _____
First Name *Last Name* *Relationship to Student*

Home Phone *Work Phone* *Cell/Pager*

Email Address: _____ Immigrant

III. Special Education/Needs

Is your student in special education classes? Yes No
If Yes, which ones: _____

Does she/he have any special needs? Yes No Limited English
If Yes, which ones: _____

Does she/he take any medications or have any allergies? Yes No
If Yes, please explain: _____

IV. Academic Focus

Academic Difficulties: _____

Strengths: _____

Weaknesses: _____

v. **Tutoring Sites and Times:** Please rate tutoring session times, from 1 to 3 in order of preference with 1 being your first choice. Please select AT LEAST one evening session.

Third Baptist Church 1399 McAllister @ Pierce			
Monday	<input type="checkbox"/>	3:30P-5:30P	
Tuesday	<input type="checkbox"/>	3:30P-5:30P	<input type="checkbox"/> 6:00P-8:00P
Wednesday	<input type="checkbox"/>	3:30P-5:30P	<input type="checkbox"/> 6:00P-8:00P
Thursday	<input type="checkbox"/>	3:30P-5:30P	

vi. **Enrichment Activities**

My child is interested in:

<input type="checkbox"/> Art	<input type="checkbox"/> Computers	<input type="checkbox"/> Sports	<input type="checkbox"/> Writing	<input type="checkbox"/> Theater
<input type="checkbox"/> Music	<input type="checkbox"/> Science	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Animals	<input type="checkbox"/> Other: _____

Black To The Future – GIRLS SATURDAY ACADEMY University of San Francisco @ 2820 Turk Street | **COMING JANUARY 2019**
****For Girls Only K-12th grade** Transportation from SFSBOT will be provide**

Saturday (2x/month) 11:00a-2:00P
 Separate application will follow in separate email

vii. **Dropping Off/Picking Up**

Who will be dropping off the student? _____
 Who is authorized to pick up the student? _____
 Does the student have permission to go home alone? Yes No

viii. **Emergency Contact** (Other than Parent/Guardian(s) listed above)

Name: _____ Relationship to Student: _____
 Phone Number: Home _____ Work _____ Cell/Pager _____

x. **Report Cards /School Contact**

- Report cards help San Francisco Students Back on Track keep track of your child's progress in school and lets us know where he/she needs the most work. Please forward a copy of all student report cards to San Francisco Students Back on Track when you receive them. ****A current report card MUST be submitted to process this application.****
- In order to serve your child's academic needs to the best of our abilities, we may need to contact his/her teachers/guidance counselors to coordinate our efforts towards his/her success. ****See SFUSD Release Attachment****
I authorize SFSBOT to contact my child's school/teacher/guidance counselor: Yes No

San Francisco Students Back On Track strives to protect the privacy of its participants. For convenience and scheduling purposes will you give permission to disclose your phone number to the tutor with whom they are matched? Yes No If Yes, please specify which number to disclose (check one): Home Work Other: _____

xi. **Signature/Authorization**

Your signature assures that the above information is accurate and correct to the best of your knowledge. It also confirms authorization for your child to receive tutoring through Back on Track. In case of an emergency, I authorize SFSBOT to arrange the necessary transportation and medical care for my student/child. I hereby assume full responsibility for any risk of bodily injury or property damage that may occur.

Parent/Guardian Signature: _____ Date: _____



San Francisco Students Back On Track Student Attendance Policy

1. Each student (tutee) is required to attend every regularly scheduled two-hour tutoring session each week.
2. In the event of illness or extenuating circumstances, an absence will be approved provided the parent/guardian of the tutee has given at least three hours advance notice to SFSBOT staff.
 - I. Legitimate circumstances for an absence include: illness or death in the family, car problems, or other unforeseen emergencies such as earthquake or inclement weather.
 - II. A minimum of **two (2) hours** advance notice is required and at least one week's notice is preferred in the event of a conflicting activity such as athletics, after school job or clubs. SFSBOT needs time to call your child's tutor and possibly change the time for tutoring.
3. Tardiness of up to **fifteen (15) minutes** may be approved at the program discretion provided the parent/guardian notifies SFSBOT **one (1) hour** in advance of the reason for being tardy. Tardiness of **thirty (30) minutes** or more without notification will be considered as an unexcused absence & their tutor will be sent home.
4. After **two (2)** unexcused absences, a student and parent/guardian will be asked to meet with SFSBOT staff for possible re-evaluation.

I understand and agree to comply with the above rules governing my participation in San Francisco Students Back On Track.

Student

Parent

Date



PARENT/GUARDIAN PARTICIPATION POLICY

San Francisco Students Back On Track parents/guardians are required to participate in Parental Partnering Workshops each year. To fulfill this requirement, parents/guardians are expected to participate in a minimum of three workshops per year, one of which is the **mandatory** Family and Student Orientation/Workshop.

Parents/Guardians are also encouraged to volunteer their skills and services to the SFSBOT program also. Possible volunteer opportunities include:

Assistance with San Francisco Students Back On Track special events – check the website for upcoming opportunities

- ◆ Three Holiday Party
- ◆ Year End Party

Field Trips

- ◆ Various sites/locations/events – ask your Site Coordinator for more details regarding opportunities

Assistance with Enrichment Activities

- ◆ Workshop presentations
- ◆ Thematic presentations

FAMILY COMMITMENT POLICY

The purpose of this policy is to ensure the success of the learning session.

Parents/Guardians and students must be **actively involved** in the learning session through active participation and enthusiasm. Parents/Guardians are **required** to submit a copy of each child's quarterly report card. Each student must always arrive with their homework (completed or uncompleted) to each session. Report Cards and homework provide essential tools in the optimum academic enhancement of each two-hour session. Students must participate fully by completing their work and writing in their learning logs every week.

Absentees and **late arrivals** must call SFSBOT at least **2 hours in advance**, and if unavoidable at least **1 hour before session** on that day. **After 30 minutes without** some form of communication with SFSBOT staff, the student will be considered a **No-Show**. **Three no-shows** without **appropriately notifying** San Francisco Students Back On Track will result in the dismissal of your student. These students will then be placed at the end of the waiting list for the next school year.

OFFSITE POLICY

The purpose of this policy is to ensure the safety of our students and to protect the San Francisco Students Back On Track program.

San Francisco Students Back On Track is not responsible for any accidents or injuries incurred outside of SFSBOT. Please inform us of any events that will take place outside of SFSBOT premises during tutoring hours.

I understand the San Francisco Students Back On Track policies and will adhere to the expectations listed above.

X _____
Parent/Guardian Signature

Date



San Francisco Students Back On Track Child Abuse Prevention Policy

San Francisco Students Back On Track tutoring strongly encourages volunteers to focus on tutoring with students on-site only, using the resources and supervision made available to them by the San Francisco Students Back On Track staff. However, it is recognized that there may be time when tutors or students request contact off-site (i.e. trips to the library, field trips, student performances, etc.). For such contact to occur, San Francisco Students Back On Track must receive a signed permission slip from a parent/guardian. If off-site contact should occur, San Francisco Students Back On Track disclaims all liability for such actions. Parents/guardians are expected to take full responsibility for any tutor contact happening off-site.

San Francisco Students Back On Track has committed to conducting as thorough a screening process as possible of all its volunteer tutors. Each tutor is required to complete an application and individual interview, attend one orientation, and submit fingerprints. Fingerprints are used for a background check only. The Department of Justice reports any record of conviction involving sex crimes, drug crimes, or crimes of violence *only*. No record of other felony or misdemeanor convictions will be reported unless the subject of the request has three or more misdemeanor or felony convictions.

I have read and understand San Francisco Students Back On Track's Child Abuse Prevention Policy.

- I encourage:**
- I discourage:**

A tutor who has completed a screening and three month probationary period, to see my child for supervised or unsupervised off-site tutoring or field trips. I understand that students are required to have a signed permission slip from me for each instance my child sees a tutor or staff member off-site.

I will inform a San Francisco Students Back On Track staff member immediately if a tutor contacts my child without my permission before the completion of the three month probation period, or after the volunteer is no longer tutoring my child.

Parent/Guardian Signature

Date

Student's Name

Staff/Interviewer Initial



STUDENT EMERGENCY INFORMATION

Grade _____ School _____ Gender _____
Student's Name _____ Last _____ First _____ DOB _____

Street _____ City/State/Zip _____

Home Phone# _____ Parent Cell # _____ Student Cell # _____

Internet Available At Home Yes No

E-mail: _____ I would prefer to be contacted via _____

Person Child Lives With: () Both () Father () Mother () Guardian

Father: _____ Mother: _____

Employer: _____ Phone# _____ Employer: _____ Phone# _____

Please List All Siblings In Your Home (Include Non- School Age Children):

Siblings: _____
Grade DOB Grade DOB
_____ Grade DOB _____ Grade DOB

List **Two (2) Emergency Names** And Phone Numbers Of People Who Have Permission To Assume Temporary Care Of Your Child If You Cannot Be Reached:

1) Name: _____ 2) Name: _____
Address: _____ Address: _____
Phone# _____ Phone# _____

Transportation Information:

How does your child get to/leave from San Francisco Students Back On Track?
 Car Carpool (If So Please Explain) _____ Bus Walk

Medical Information

For Emergency Purposes, I Wish To Share The Following Information With San Francisco Students Back On Track Staff:

Health Conditions: _____

Allergies: _____

Medications: _____

In case of accident or serious illness, I request SFSBOT to contact me. If SFSBOT is unable to reach me, I hereby authorize SFSBOT to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, SFSBOT may make whatever arrangements deem necessary.

Signature of parent or guardian (required) _____

Physician's Name _____

Dentist's Name _____

Office Phone# _____

Office Phone# _____



San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: _____ Date of Birth: ___/___/___

School/Dept: _____ Address: _____

Contact Person: _____ Title: _____ Telephone: _____

I authorize the exchange of information described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- Healthcare provider(s) _____ (name)
Agency(s) San Francisco Students Back On Track _____ (name)
Parent/ legal guardian (if minor consented to care) _____ (name)
Other _____

This authorization applies to the following information: (check each line that applies)

- Educational Data/IEP Social/Developmental Psychological
Vision Speech/Language Audiological
Medical Other _____

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature _____ Date _____

Indicate relationship to student: [] parent [] legal guardian: _____