



## Parent Permission Form for Augustine Tutoring

The Augustine Literacy Project®, a program of READWS and an outreach project of St. Paul's Episcopal Church, trains volunteer tutors who provide free, long-term, one-to-one instruction in reading, writing and spelling for children and teens who struggle with literacy skills. Augustine tutors serve families who would find it difficult or impossible to pay for private tutoring. Our tutors receive at least 30 hours of classroom and practicum training in a multisensory, structured literacy approach that has been used successfully for over 50 years. Tutors normally meet with their Augustine student twice a week at the child's school during the school day. If you think your child is a good candidate for Augustine tutoring, please answer all questions, sign this permission, and return it to:  Address below  Teacher

Student's name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Address: \_\_\_\_\_

(Street, City, State, ZIP)

# children

Home Phone/Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ in family \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Race/Ethnicity:  Asian/Pacific Islander  Black/African-American  Hispanic/Latino  Caucasian  
 Other (please specify) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School ID#/Lunch#: \_\_\_\_\_

Teacher: \_\_\_\_\_ Tutor (if known): \_\_\_\_\_

Has your child ever been tested for a learning disability? YES NO  
(If yes, please include the test results if you have them.)

If no, has your child ever been referred for testing for a learning disability or reading problem?  
YES NO

In order to better serve your child, may we view your child's school records such as directory information, grades, attendance, and test scores? YES NO

May we use a picture of your child and his or her tutor in a brochure, newsletter, newspaper article, website, or social media about the Augustine Project? YES NO

May we talk to your child's teacher and/or guidance counselor to get additional educational information? YES NO

Does your child qualify for free or reduced lunch? YES NO  
(If no, please explain on the back why paying for private tutoring would be difficult.)

Please include any additional information about your child or family circumstances that might be helpful to us.  
**All information will be kept confidential.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT D:**

**CONSENT TO DISCLOSE STUDENT’S PERSONALLY IDENTIFIABLE INFORMATION WITHIN**

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS EDUCATION RECORDS FOR RESEARCH PURPOSES**

I/We \_\_\_\_\_ are the Parents/Guardians of Winston-Salem/Forsyth County

Schools Student (First/Middle/Last): \_\_\_\_\_.

**Student information:**

Student Number (Lunch Number): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

School: \_\_\_\_\_ Gender (Circle One): Male Female

Grade: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

\_\_\_\_\_ (please initial) I/We agree and consent to the release of personally identifiable information from the current and past education records of my son/daughter (hereinafter “Student”), subject to the terms of this consent agreement.

\_\_\_\_\_ I/We understand that the records to be disclosed include but are not limited to, grade reports, student achievement data, enrollment information, English language learner status, transcripts, classroom performance/behavior, and other personally identifiable information from the education records of Student.

\_\_\_\_\_ I/We agree and consent to the disclosure of the personally identifiable information from the education records of Student to the following entities: (specified service provider); and Forsyth Futures.

\_\_\_\_\_ I/We understand that the purpose of disclosing the personally identifiable information from the education records of Student is to study ways to improve Student’s learning and school performance, and to study ways to improve the impact of after school programs. Such information shall not be published in a manner that will lead to the personal identification of Student.

\_\_\_\_\_ I/We understand that this information is used solely for research purposes and to improve Student’s learning and school performance and shall not be further re-disclosed to third parties not named on this consent form without my/our prior written consent.

\_\_\_\_\_ I/We understand that this consent is valid through the 2018-19 School year.

**Parent(s)/Guardian(s)/Other Signature**

**Organization Representative**

\_\_\_\_\_

\_\_\_\_\_

Date (D/M/Y): \_\_\_\_\_

Date (D/M/Y): \_\_\_\_\_

**Original Copy** – Organization Record; **Photocopy** – WS/FCS Record; **Photocopy** – Parent/Guardian

This Data Sharing Agreement was adapted from the Master Data Sharing Agreement developed by the Johnson Center for Philanthropy at Grand Valley State University