Probation Officer:_____ DCFS CSW:_____
(name) (name)

Phone #: _____ Phone #: _____

# Request Form / Student Information

## Free Tutoring for Eligible Ages 4-18* Los Angeles County Foster and Probation Youth

In order to begin services, the caregiver or guardian must complete this form. The information provided will be kept confidential.

Student Name:_____ DOB:_____ Grade: _____

Case #: _____

Caregiver Name: _____

Phone #:_____ Cell/Work Pone #:_____

Address: _____

City / Zip: _____

Are you related to this student? (Circle One) **YES** **NO**

**If Yes, explain nature of relationship: _____**

I certify that the above information is true and correct. I understand that I must notify Club Z In-Home Tutoring Services / Professional Tutors of America, Inc / The Community College Foundation / Total Education Solutions, if my student moves. I understand that in order for my foster child to receive in-home services, an authorized adult must be present **at all times.**

_____ _____ _____
Caregiver Signature Caregiver Name (Print) Date

* Eligible youth are those residing in group homes, foster homes (including foster family agencies) or in court specified homes.

## Please fax this form to one selected Tutoring Agency

**Club Z In-Home Tutoring: 310-414-2639**
**Professional Tutors of America: 714-671-1887**
**The Community College Foundation: 213-383-7913**
**Total Education Solutions: 323-622-0727**

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