Carolina Friends School

4809 Friends School Road / Durham, NC 27705 / 919.383.6602 / Fax 919.383.6009 / [www.cfsnc.org](http://www.cfsnc.org)

**Student Success Center Agreement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parental Consent Form and Release Agreement**

**For Professional Tutoring and Coaching**

This form is required to ensure that all tutoring at CFS is conducted with the full knowledge and approval of the parents whose children are meeting with tutors/coaches. This form also grants the tutor/coach and the school permission to discuss and share information about the student to best support the student’s learning.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor/Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Area(s) of Tutoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutoring/Coaching Times: Day(s)of week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time(s) of day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees: $\_\_\_\_/45 minute session The fee for tutoring is $60 per session. The fee for coaching is $70 session. (If I participate in the adjusted tuition program, I will pay the adjusted amount agreed upon with the Finance Director.)

First session date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as parent/guardian of the above named student, request that the above named individual be allowed to tutor/coach my child in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the days and times specified above.

I understand that such services will be rendered at CFS and that during these times the tutor/coach will have complete responsibility for the supervision of my child, and may be working with my child in a private room without CFS supervision.

I understand that I am hiring a tutor/coach who is not a CFS employee and is not supervised by CFS.

I understand that I am responsible for monitoring my child’s progress and am responsible for paying fees charged by the tutor/coach as billed by CFS. I understand CFS merely processes payments.

I give permission for the tutor/coach to exchange educational information with the CFS learning specialist(s), tutoring coordinator, and teacher(s) in the subject(s) listed above.

I understand that CFS does not assume responsibility for the loss or damage of personal property, or any loss of whatever kind or nature incurred by persons using the facilities.

I acknowledge that I have read the Student Success Center Handbook and will abide by the processes outlined within it.

I understand that I need to give the tutor or coach a fourteen day notice before ending services.

I hereby release CFS School, its trustees, officers and employees, and each of them, from any and all liability of whatever nature or kind arising from, or by reason of, any injury or damage which may befall me or my child while present on the CFS School premises or while making use of the school’s facilities, including all risks connected therewith, whether foreseen or unforeseen, except where injury or damage results from the gross negligence of the school, its trustees, officers and employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (please print) Parent/Guardian Signature Date