



A.C.E. Tutoring Program

This program made possible through an MDE Grant.

COST: FREE

Transportation to and from tutoring is required

Student's Name: _____ Grade: _____ School: _____

Home Address: _____ Phone Number: _____

Student's Preferred Language: _____

Parent/Guardian's Name: _____ Phone Number: _____

Name of Referring Teacher (if applicable): _____

Circle Your Availability:

Day: Mon Tue Wed Thur Fri Sat Sun

Time: 3:00pm-4:00pm 4:00pm-5:00pm 5:00-6:00 pm 6:00pm-7:00pm Other: __

Content Area:

- English Language Arts
- Math
- Science
- Social Studies
- Other _____

Please select preferred tutoring location

- YMCA
- Child's School
- Public Space such as library, coffee shop, etc
- Virtually

Once we receive your application we will connect with the tutor and inform you of your students tutoring day and time of the week.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by participation. I voluntarily agree to accept sole responsibility for any injury or illness to my child(ren). I hereby hold harmless Austin Aspires and all partners of the A.C.E. tutoring program.

Parent Signature: _____ Date: _____

Please call Austin Aspires at 507.437.0920 with any questions