

Date:  
Name:  
Address:  
  
Phone:

Counselor:  
School:  
Address:  
  
Phone:

Dear Sir or Madam,

I, \_\_\_\_\_, the custodial parent of \_\_\_\_\_, grade \_\_\_\_\_, give my permission for Alexandra Ranker, private general subject tutor, to speak to my child's counselor, \_\_\_\_\_, and to my child's teacher(s), \_\_\_\_\_, in the following subject(s): \_\_\_\_\_. Ms. Ranker may obtain from this/ these teacher(s) copies of any and all relevant work done by my child and/or test or homework scores. I further give my permission for Ms. Ranker to obtain copies of my child's School Transcripts for at least the last, most recent, three years available and copies of my child's Standardized Testing and Reporting Performance Reports (STAR Tests) for at least the most recent three years available. Ms. Ranker also has my permission to obtain copies of my child's current School Schedule, his/her Explorer Test if available, and to obtain copies of any developmental testing done on my child (i.e. a Woodcock-Johnson Test for Dyslexia).

I understand that this information is obtained on Ms. Ranker's private time, and is obtained pursuant to an initial interview between Ms. Ranker, my child, \_\_\_\_\_, my spouse/ex-spouse, \_\_\_\_\_, and me, \_\_\_\_\_, at which time my family and I will decide if we wish to retain Ms. Ranker for her tutorial services. This initial interview is uncompensated. If we choose to hire Ms. Ranker, this legal release will remain valid for one year from the above date, and Ms. Ranker will retain, indefinitely and in confidence, all information obtained on my child, \_\_\_\_\_. If we choose not to hire Ms. Ranker at this time, or if her schedule does not permit her to take on our child, \_\_\_\_\_, as a student at this time, but we do wish her to keep a file open on our child, we give her permission to retain indefinitely any and all documents she has obtained with the permission granted in this letter, and to maintain open communication with the persons specified in this letter for the period of one year from the above date. (Initial: \_\_\_\_\_) If we choose not to hire Ms. Ranker, she will return all copies of Transcripts, Test Scores, Schedules, Homework, and any and all other related materials to my child's counselor, \_\_\_\_\_, within ten working days of being informed of our decision not to retain her services. Ms. Ranker has the permission of the \_\_\_\_\_ family, however, to retain a copy of this letter for her own legal protection.

I understand that this letter of permission releases Ms. Ranker, the school in question, \_\_\_\_\_, my child's counselor, \_\_\_\_\_, and my child's teacher(s), \_\_\_\_\_, from any and all liability. I further understand that this release is binding, and cannot be rescinded after the fact of its being given.

Sincerely,

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

Signature: \_\_\_\_\_

Subject: Aeries Contract

Date:

I, \_\_\_\_\_, parent to \_\_\_\_\_, give my permission for Alexandra Ranker, private tutor, to have access to any and all information on my child, \_\_\_\_\_, Aeries Computer Account.

I understand that Ms. Ranker will be adding my child's name and information to her existing Aeries account, and that her access will be legally valid for one year plus one month from the signing date of this contract. I further understand that Ms. Ranker's access to this confidential information is an addendum to the legal release that I have already signed giving Ms. Ranker access to other confidential information and to other parties specifically named in the main legal release. I understand that Ms. Ranker is not responsible for the accidental release of the information from the Aeries site which may occur due to computer malfunction or sabotage.

My child, \_\_\_\_\_, has report card access code: \_\_\_\_\_ and password: \_\_\_\_\_.

Signed \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian to \_\_\_\_\_, agree to pay Alexandra Ranker, private general subject tutor, \$60.00 \_\_\_\_\_ \$ per hour of seat time (\*) that she spends with my child for tutoring. Ms. Ranker will be meeting weekly with my child on \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ for a period of \_\_\_\_\_ hour(s) unless other arrangements are made by me for that week at least 48 hours before the arranged appointment. I understand that I will be charged for the full time contracted at the full price per hour agreed to unless I cancel the appointment 24 hours prior to the date of the appointment. If my child fails to present him/herself for an appointment, I understand that I owe Ms. Ranker the full fee for the appointment regardless of the cause of my child's failure to appear. I understand that if I must end an appointment early without the requisite 24-hour notice that, regardless of the reason for the abbreviation of the appointment, I owe Ms. Ranker the fee for the full time scheduled on her calendar. If I must cancel an appointment with the proper minimum 24-hour notice, and no other time that is mutually convenient for Ms. Ranker and for my family can be found to make up the contracted time, I understand that I owe a \$20.00 cancellation fee to Ms. Ranker. On weekend days, I understand that Ms. Ranker earns \$80.00 per hour of seat time.

I agree to pay Ms. Ranker on a per visit (Initial: \_\_\_\_\_) / weekly (Initial: \_\_\_\_\_) / monthly (Initial: \_\_\_\_\_) basis. I agree to honor a \$50.00 fee for all checks returned due to insufficient funds. I understand that if more than one check is returned for insufficient funds, I will pay Ms. Ranker on a cash only basis, and that payment will be due at the end of each session. (Initial: \_\_\_\_\_)

I agree to deliver my child to the library at \_\_\_\_\_ or to my home at \_\_\_\_\_. Ms. Ranker will never be responsible for the transportation of my child to or from these appointments. If my child is of driving age, I give my child, \_\_\_\_\_, permission to drive himself/herself to designated appointment locations at designated times. At no time will Ms. Ranker be responsible for my child's transportation.

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

Signature: \_\_\_\_\_

(\*) Seat time is the time spent between student and teacher physically or on-line.

I, \_\_\_\_\_, parent/guardian to \_\_\_\_\_, agree to pay Alexandra Ranker, private general subject tutor, \$ \_\_\_\_\_ per hour of group seat time. Ms. Ranker will be meeting weekly with my child on \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ for a period of \_\_\_\_\_ hours per session. I understand that this is a group session, and the schedule cannot be changed unless a minimum of 72-hours notice is given to Ms. Ranker so she can contact other members of the group in order to try, and arrange an alternative meeting time and/or place which is convenient to all students involved. I understand that if an alternative private meeting time can be arranged between Ms. Ranker and my child individually when a minimum of 24-hours notice is given, I will owe Ms. Ranker the individual hourly rate of \$ \_\_\_\_\_ per hour of seat time (\*). I understand that if my child misses a session without a minimum 24-hour notice to Ms. Ranker that I will owe Ms. Ranker a \$ 15.00 cancellation fee for the missed session. I further understand that if my child is a no-show at a scheduled session without notice from me, \_\_\_\_\_, the parent/guardian, that I owe Ms. Ranker the full hourly rate of \$ \_\_\_\_\_ per hour for the full time of the session.

I agree to pay Ms. Ranker on a per visit (Initial: \_\_\_\_\_) / weekly (Initial: \_\_\_\_\_) / monthly (Initial: \_\_\_\_\_) basis.

I understand that if a check is returned for insufficient funds, I owe Ms. Ranker a \$50.00 fee to cover her costs incurred from my overdraft against her account.

I agree that on weekdays (Monday-Friday excluding Holidays) Ms. Ranker will come to my home, to one of the homes of the other students where I will deliver, and retrieve my child, or to a neutral location of mutual choosing like my community library where I will also deliver, and retrieve my child. On weekend days I understand that Ms. Ranker earns 1 and ½ times her usual rate of \$ \_\_\_\_\_. If my child is of driving age, I give my child, \_\_\_\_\_, permission to drive himself/herself to designated appointment locations at designated times. At no time will Ms. Ranker be responsible for my child's transportation.

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

Signature: \_\_\_\_\_

(\* ) Seat time is the time spent between student and teacher physically or on-line.