



Project D.E.E.P.

The Dorchester Educational Enrichment Program
"Balancing School Over Sports"

Project D.E.E.P. (Dorchester Educational Enrichment Program) Student Information Form

**PLEASE NOTE THAT TUTORING IS FOR DORCHESTER RESIDENTS ONLY
STUDENTS FROM OTHER TOWNS WILL BE PUT ON A WAITING LIST UNLESS WE HAVE AVAILABLE TUTORS**

Ticket # _____
 Student Name: _____
 Address 1: _____ City: _____ Zip : _____
 Birthdate: _____ Age: _____ Male Female
 Parent Name(s): _____
 Primary Phone: _____ Contact Person/Relationship: _____
 Secondary Phone: _____ Contact Person/Relationship: _____
 Parent(s) Email Address: _____

****Your email address is REQUIRED for updates and announcements regarding this program****

Current School: _____ Grade Entering This Fall: _____
 Academic Strengths: _____
 Academic Weaknesses: _____
 Interests: _____

Would you like to be contacted about our extra help classes: YES NO
 If yes, which program? Learning Latin Math Extra Help

Please fill in the day(s) and time(s) you are available for tutoring for the academic year. Our tutoring sessions are one 90-minute time slot each week. Please provide multiple options.

****PLEASE NOTE: TUTORING SESSIONS MAY BEGIN ANYTIME AFTER 2:30PM AND MUST BE COMPLETED BY 8:00PM. THE MAJORITY OF OUR VOLUNTEERS ARE WORKING ADULTS AND COLLEGE/HIGH SCHOOL STUDENTS WHO ARE UNABLE TO BEGIN UNTIL AFTER 5:00PM – PLEASE BE FLEXIBLE!!!****

Monday	Tuesday	Wednesday	Thursday
_____	_____	_____	_____
_____	_____	_____	_____

If possible, list desired choice for a tutor: _____

<p> FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> Family has a LHCC Membership for Current Year</p> <p>Amount Received \$ _____</p> <p><input type="radio"/> Cash <input type="radio"/> CC <input type="radio"/> Check (# _____)</p> <p>Balance Due: \$ _____ Staff Initials: _____</p>	<p> Ticket # _____</p>
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