

813.224.0484 (tel.)
info@cca91.org (email)

Caribbean Community Association, Inc.

P.O. Box 16916
Temple Terrace, FL 33687
www.cca91.org



STUDENT TUTORIAL MATH PROGRAM APPLICATION FORM

STUDENT NAME: _____ DOB: ____/____/____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENT PHONE – HOME: (____) _____ - _____ STUDENT CELL: (____) _____ -- _____

STUDENT EMAIL: _____ SOCIAL MEDIA: _____

SEX: Male Female **ETHNICITY:** Hispanic Non-Hispanic Unknown

RACE: White Black Asian/Pacific Islander Native American/Eskimo Other/unknown

PARENT/GUARDIAN EMAIL ADDRESS: _____

NAME OF SCHOOL: _____ GRADE: ____ YEAR: ____

SCHOOL ADDRESS: _____

FAVORITE SUBJECT(s): _____

- WHY? _____

LEAST FAVORITE SUBJECT(s): _____

- WHY? _____

STUDENT NEEDS HELP IN: Mathematics/Arithmetic skills ____ Concept skills ____ Word Problems ____

ALGEBRA 1 ____ ALGEBRA 2 ____ GEOMETRY ____ SAT/ACT ____ PERT ____ FSA-EOC ____

OTHER (Please state) _____

STUDENT WITH DISABILITIES: YES /NO IF YES – ACCOMMODATIONS: _____

504 PLAN: _____ SPEECH/LANGUAGE: _____

STUDENT'S GOAL IN MATH IS TO: _____

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STUDENT HAS WHICH OF THE FOLLOWING:

- LAPTOP/COMPUTER ACCESS WITH CAMERA YES NO
- RELIABLE INTERNET ACCESS YES NO
- ABILITY TO DOWNLOAD ZOOM YES NO

IN CASE OF EMERGENCY, CONTACT: PARENT / GUARDIAN / SIBLING / OTHER FAMILY MEMBER

PARENT/GUARDIAN NAME: _____

ADDRESS (other than above): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____ CELL: (_____) _____ - _____

OTHER RELATIVE NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____ CELL: (_____) _____ - _____

The CCA Tutorial Math Program Coordinator **MUST** be aware of any behavioral, learning, or medical problems your student may have. Briefly describe such problem(s). If medical, is student on medication?

Read carefully before signing below.

WAIVER OF LIABILITY

I, the undersigned, hereby agree that for the sole consideration of the CCA allowing the student named above to participate in the Tutorial Math Program, I hereby release and forever discharge CCA, its members individually and its tutors, from any and all claims, rights and causes of action, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property and consequences thereof, resulting from the participation of the student named above, in any way connected with such activities of the CCA Tutorial Math Program.

Print Name(s) Parent(s) / Guardian(s)

____/____/____
Date

Signature(s) of Parent(s) / Guardian(s)

____/____/____
Date