

Tutoring: The Clear Choice Caleb Mitchell, Executive Director

2020 - 2021



Tutoring: The Clear Choice

Attention,

My name is Caleb Mitchell, and I am the Executive Director located in Palm Harbor, Florida. I am excited to introduce a new program, East Lake Educational Resource Services (EERS), which will be a valuable resource to students and families in our area.

My passion is to improve local communities continuously, and I consider service to youth and their families as key to this mission. I have been fortunate enough to work for many years serving youth and families through organizations in the greater Tampa Bay area,

such as the School District of Hillsborough County and the YMCA. During my tenure with these organizations, I successfully administered academic support programs similar to EERS, such as Teen Achievers in Hillsborough County schools, as well as Bridging the Achievement Gap (BTAG) for students in Pinellas County schools.

Through these programs, students and their families were able to gain knowledge and experiences that would change their lives forever. EERS aims to positively impact local youth and families in Palm Harbor and the surrounding communities. For more information on East Lake Educational Resource Services, please reference the attached program EERS flyer. For further information or questions, do not hesitate to contact me by phone or email. Thank you!

Caleb L. Mitchell
Executive Director
East Lake Educational Resource Services (EERS)
info@eastlakeeers.com
www.eastlakeeers.com
(727) 234-8039 (Office)

PARENTAL PERMISSION FORM

Student's Name:	Age:
Permission for Enrollment and R	telease of EERS from Liability:
I give my child permission to partic (EERS) activities. I understand and its staff members from all liability for whatsoever to participation in EER	ipate in East Lake Education Resource Services dexpressly acknowledge that I release the EERS and or any injury, loss, or damage connected in any way
any claims based on negligence, a members, and guests. I have read release. I now grant permission for	ction, or inaction of the EERS, staff, directors, and am voluntarily signing this authorization and my child to participate in all activities provided by ing activities to be used by the EERS.
educational purposes. I realize that kind to use the photographs. I ackr	be used by the EERS for promotional and t my child or I will receive any compensation of any nowledge that EERS sometimes takes large group child. I understand the EERS will not identify my
waive, discharge, and covenant no employees, representatives, execu or negligence for injuries or damage	the activities and programs of the EERS. I do now at to sue the EERS and its officers, agents, ators, and all others from any responsibilities, liability, les resulting from my child's participation in any ervice of equipment or machinery in the facilities as at said facilities.
I agree to adhere to all policies se	t by the EERS 2020 - 2021
Signature of Parent or Legal Guard	dian
Student Name	
Phone # Date _	

2020 - 2021 EERS Application

Dear	Parents	
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East Lake Educational Resource Services (EERS) is offering an after-school tutoring program in your area. This program will run from **Mondays and Thursdays after school from 3:30 pm – 6:30 pm**.

If you are interested in your child participating, please fill out the bottom section of this notice and return it to school or EERS as soon as possible.

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Participant Name:		
I give permission for my child (named above) to attend Thursdays after school from 3:30 pm – 6:30 pm. Follow picked up at 5:30 pm at the front entrance. Transporta	wing the tutoring session, your	child must be
The activities that will be taught will be used to furthe and activities in this after school tutoring program will		nension. The support
Signature of Parent or Legal Guardian Printed	I name of Parent or Guardian	Date
EMERGENCY CONTA	CT INFORMATION	
Parent(s)/Guardian(s)	Phone Numbers	Phone Type (Home, Mobile, etc.)
Name(s)		
Street Address		
City State Zip		
Parent(s)/Guardian(s) Email address(es)		
Best Email address(es) to reach Parent(s)/ Guardian(s)		

AUTHORIZATION OF RELEASE SCHOOL RECORDS

I hereby authorize the release of records, documents, or other information concerning
, DOB:to, the named individual's attorney
and/or his/her representative.
This release covers all school records, including but not limited to, records pertaining to discipline, expulsions, suspensions, attendance, grades, transcripts, testing results and special education.
I understand that and his/her staff will regard as confidential and privileged any information thus released to them, and will use said information for the sole purpose of assisting me with the legal matters upon which I Have sought their advice and assistance.
A copy of this Authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below.
Dated:
Signature:
Print full name:
Relationship to student:
Phone number:

