

2025-2026



VIRTUAL TUTORIAL STUDENT/PARENT APPLICATION

9th Episcopal District AMEC Women's Missionary Society Young People's and Children's Division

Program Description

The Back-To-Basics Virtual School Program is a tutoring initiative sponsored by the Ninth Episcopal District Women's Missionary Society and the Young People's and Children's Division of the African Methodist Episcopal Church. The program serves students in Grades 1-5 who need instructional assistance in reading and mathematics. **Tutoring will begin Tuesday, September 23, 2025, and will end Tuesday, April 7, 2026. Tutoring sessions meet every Tuesday, beginning at 5:30 p.m. and ending at 6:30 p.m.**

Mission

The Back-to-Basics Virtual Tutorial School Program for Grades 1-5 in reading and mathematics will utilize instructional strategies to make a positive impact on student learning. The program will provide online experience and support for students, parents, and guardians.

Student Name:				
Gender (Optional): Female				
Indicate the Grade Le	evel with a check	mark.		
1 2	3	4	5	
School				
School System				
Check Area(s) of Stu	dent Needs:			
Reading	Math	Reading/N	lath	
Parent/Guardian Name_				
Street Address:				
City, State, and Zip Cod	e			
Parent/Guardian Contac	et Number: (Include	Area Code)		
Parent/Guardian Fmail	∆ddress			

OTHER STUDENT CONTACT INFORMATION: Name _____ Contact Number/Area Code ____ Email Address ___ STUDENT EXPECTATIONS (Please check each item to indicate that you agree with the student expectations listed below.) Wear appropriate clothing _____ Keep camera on throughout the session ____ Mute microphone _____ Be respectful to others _____ Be attentive Use appropriate language PARENT/GUARDIAN EXPECTATIONS (Please check each item to indicate that you agree with the parent expectations listed below.) Attend informational meetings _____ Commit to the student weekly participation _____ Provide a quiet workspace with sufficient light _____ Adhere to the program guidelines, rules, and procedures Provide an assessment of your child's academic level (if applicable) CONCENT I authorize my child to participate in the Back-To-Basics Virtual Tutoring Program offered by the Women's Missionary Society and Young People's and Children's Division of the AME Church. **PARENT/GUARDIAN SIGNATURE:** NAME _____DATE ____

CONTACT INFORMATION:

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