



RCReads
Rutherford County Reads
255 Callahan Koon Rd
Spindale, NC 28160
828-287-6117
rutherfordcountyreads@gmail.com
www.rcreads.org

STUDENT AGREEMENT

RCReads ("Literacy Council")

Name: _____

I, _____, have requested to receive basic literacy training from the Literacy Council. In doing so I understand that the Literacy Council tutors volunteer their time and effort in preparing for, traveling to and conducting the educational session. Recognizing their effort, I promise to comply with the policies of the Literacy Council, including without limitation the following:

1. I agree I will meet with my assigned tutor for one to two hours a week for at least six consecutive months or as often/long as the tutor and I agree is helpful.
2. I agree to make every effort to attend every scheduled tutoring session on time. In the event of an emergency or illness, I will contact my tutor as early as possible to tell him or her that I can not attend our meeting or that I will be delayed. ***I understand that if I miss three classes without calling my tutor to cancel, my tutoring sessions will be terminated.***
3. I will be prepared for every tutoring session. At the end of each tutoring session I will be sure I understand what homework or preparation is required for the next session. My Tutor and I will decide upon the scheduled time and place for the next session.
4. If I have any problems with my assigned tutor or the tutoring sessions, I will call a representative of the Literacy Council at 287-6117 or email April Young at april.young@rutherfordcountync.gov or Esther Lusk at elusk28746@gmail.com. I will not stop attending without letting the Literacy Council know.
5. I understand that it is the policy of the Literacy Council to have all tutoring take place in a public place and for all participants to arrange their own transportation to tutoring sessions. If my Tutor and I decide to meet in non public facility or use one another's private vehicles for transportation, I understand that we are doing so strictly at our own risk and therefore I agree to sign separate waiver and release forms as approved from time to time by the Literacy Council evidencing my understanding of these risks.
6. I understand that if I do not comply with the terms of this Agreement, the Literacy Council reserves the right to terminate its services to me.

SIGNATURE PAGE: STUDENT AGREEMENT

Student's Name: _____

Please sign Part A or Part B

PART A: I have read this Agreement and I fully understand my obligations as a student of the Literacy Council.

Name: _____ Age: _____

Signature: _____ Date: _____

(or)

PART B: Name of Person who read this Agreement to Student: _____

Language used in reading this Agreement to Student: _____

This Agreement has been read to me and I fully understand my obligations as a student of the Literacy Council.

Name: _____ Age: _____

Signature: _____ Date: _____

(and)

I have read the Agreement to _____ and she/he states that she/he fully understands that by signing it he or she is agreeing to comply with the requirements and obligations of a student of the Literacy Council.

Signature: _____

Date Read and Signed: _____