



# The Tutorial Foundation

## Off-site behaviour contract

Pupil Name: \_\_\_\_\_

I agree to follow the teacher's instructions.

I agree to behave in a polite manner.

I agree to be on time for my timetabled lessons.

I promise to be respectful of other members of the public.

I promise to be respectful to all property.

I understand that no illegal substances are allowed and  
Parents/carers will be informed if I am in possession of them.

Pupil Signature: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Contract between Carer and Teacher for home visits.

**Student Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

## Carer

I, or another named adult, will be present when tutoring takes place. I will ensure that a suitable room will be available i.e. that I, or the other adult will be within easy eye contact. I will phone the school office if no one is available when tuition is due to take place.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of another adult: \_\_\_\_\_

Signature \_\_\_\_\_

## Teacher

The school office will phone if I am unable to attend, and if possible, an alternative tutor will be found. I will only tutor in a suitable room i.e. one in which I can make easy eye contact with the other adult. I will not tutor if there is not another adult present.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



# Off-Site Tuition Consent Form

## COVID-19

I certify that I am content to allow an authorized member of staff from The Tutorial Foundation to enter my property at (address) \_\_\_\_\_

knowing the current risks of the Covid-19 pandemic as outlined by the government as of (date) \_\_\_\_\_.

Furthermore I acknowledge it is my reasonability to inform The Tutorial Foundation office at 76 Freelands Road, BR1 3JR on 0208 460 0181 or email at

sen@thetutorialfoundation.co.uk immediately should any member of the above stated property display any of the symptoms as outlined by the UK government/NHS relating to Covid-19.

I am aware the tutors are having regular Lateral Flow Tests to minimize the risk of transmission of Covid-19.

Date \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_

TTF staff member  
signature \_\_\_\_\_