



Fort Pierce Central High School Proudly Presents:

Y.A.L.E.

Dear Parents/Guardians:

Your child is invited to join **Y.A.L.E, Youth Academy of Leadership and Excellence.**

This is a **free** tutoring program that promotes student involvement through academics, arts, mentoring and community service. YALE will meet every **Tuesday and Thursday** from 2:00 pm - 4:00 pm. **In addition, we will offer Peer Tutoring through the National Honors Society on Wednesdays. To participate, complete the Y.A.L.E application and submit to the front office. All students are expected to report to the cafeteria immediately afterschool to **sign in and receive refreshments.** If you have any question or concerns, please feel free to contact Mrs. Boria at 772-468-5888 (ext. 5757) or Mrs.Nichols at (ext. 4923). Transportation is **NOT** provided. Please arrange your own transportation home.**

Educationally yours,

Monarae Miller-Buchanan, Principal

P.R.I.D.E Makes a Difference



Y.A.L.E. Tutoring Programs

View the various programs available. Provide a check next to the program(s) you are interested in.

- Algebra 1 /PERT- Mr. Rymer/Mr. Badac (Room 2-111)
Tuesdays and Thursdays
- Geometry - Mrs. Nichols (Room 1-156)
Tuesdays Only
- Geometry- Mr. Moran (Room 1-109)
Thursdays Only
- Biology -Mrs. Buck (Room 1-238)
Thursdays Only
- Tutoring for ESOL Students -Mr. Pierre- (Room 1-137)
Tuesdays and Thursdays- Spanish & Creole/French
- English- Mr. Eugene - (Room 2-116)
Tuesdays and Thursdays
- Peer Tutoring- National Honors Society - Cafeteria
Wednesdays Only



Y.A.L.E. Application

Please complete this form completely and return with your child to the school's front office. Completed form is needed for participation.

Student Name: _____ **Date of Birth:** _____

Homeroom Teacher: _____ **Grade:** _____

Student ID#: _____

Student receives services in: Exceptional Student Education

(ESE) _____ **English as Second Language (ESOL)** _____

Home Address:

Parent Home Phone: _____ **Cell:** _____

Work: _____

Emergency Contact Name(s): _____

Phone(s): _____

Special comments regarding medications or health issues:

____ **Yes, I want my child to join YALE!**

Parent/Guardian Print Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

