FLUENT FIGURES
TUTORING CO.

Student Registration Form

Please complete the following form in full. One form per student.

Student Information

- Full Name: _____
- Date of Birth: _____ Age: _____ Grade Level: _____
- Current Education Location: _____

Parent/Guardian Information

- Full Name(s): _____
- Relationship to Student: _____
- Phone Number(s): _____
- Email Address: _____
- Home Address: _____

Emergency Contact (other than parent/guardian)

- Full Name: _____
- Relationship to Student: _____
- Phone Number: _____

Authorized Pickup

- List all individuals who are authorized to pick up your child:

  Name:_____ Phone #_____

  Name:_____ Phone #_____

  Name:_____ Phone #_____

Medical Information

- Allergies or medical conditions:

  _____

  _____

  _____

Tutoring Details

- Is your child receiving additional services? (e.g. IEP, 504 Plan, Dyslexia Services) [ ] Yes [ ] No

  If yes, please describe: _____

- Anticipated Start Date: _____
- Please check one:
  - [ ] Membership Tier (please specify): _____
  - [ ] Drop-in/Hourly or By Appointment Only

Parent/Guardian Signature I certify that the information provided above is accurate and complete to the best of my knowledge.

Parent/Guardian Name: _____

Signature: _____ Date: _____