



**LIVING WATERS ASSEMBLIES OF GOD (LWAG)  
TUTORING REGISTRATION FORM**

**Please print information clearly.**

**STUDENT FULL NAME:** \_\_\_\_\_

**PARENT/GUARDIAN FULL NAME:** \_\_\_\_\_

**SCHOOL/COLLEGE/UNIVERSITY ATTENDING:** \_\_\_\_\_

**GRADE/YEAR ENROLLED:** \_\_\_\_\_

**SUBJECTS YOU NEED HELP IN:** \_\_\_\_\_

**MAIN LANGUAGE:** \_\_\_\_\_

**PHONE NUMBER OR EMAIL ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN PHONE NUMBER:** \_\_\_\_\_

**I agree:**

- To attend all scheduled tutoring sessions. If I am unable to attend, I will notify my tutors in advance.
- That service will be terminated if there are chronic absences or if I fail to call two times consecutively.
- To bring in any homework that I might have and be ready to work with my tutors.
- To have a good attitude about being a part of the Program.
- To involve my parents/guardians.
- To be part of the goal setting process as a student.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your time and cooperation.**