



General Information

Student's Name: _____
(Last) (First)

Parent's Name: _____
(Last) (First)

Address: _____

(City) (State) (Zip)

Phone: _____
(Home) (Cell)

Email: _____

Best Time to Call: Morning Afternoon Evening

Student's Background

Student's School: _____ School Contact: _____

Student's Grade: _____

Tutoring Subject: _____

Does your child have a learning disability Yes No

If Yes, how many Hours were approved on the P4? _____
(Hrs/Week)

Tutoring Information

Where do you prefer tutoring? At Home Library School

School Address: _____

What days and times would you prefer tutoring?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Availability							
2 nd Availability							
3 rd Availability							

How did you find us: _____

For Administrative Use ONLY

Enrollment Date: _____ Name of Tutor: _____

Package Type: _____ Notes: _____

Payment Amount: _____