

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

Child's Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent's Phone Number(s): \_\_\_\_\_

Parent's Email(s): \_\_\_\_\_

Current School: \_\_\_\_\_

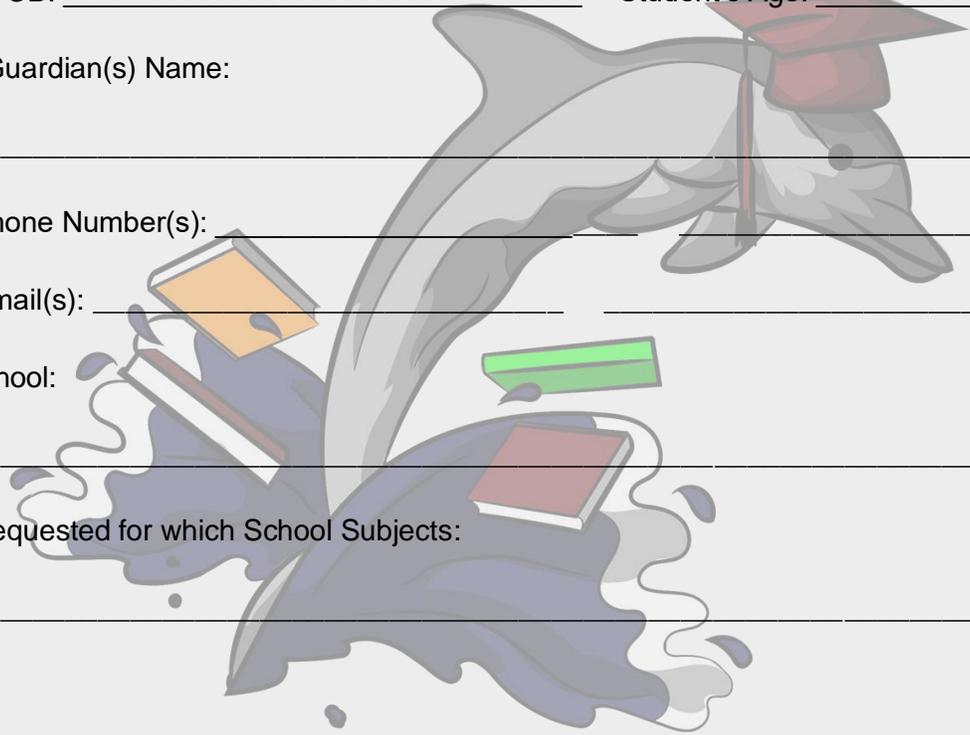
Tutoring Requested for which School Subjects: \_\_\_\_\_

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Availability for Assessment of school subjects (list at least three different days and times):  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Signature(s):  
\_\_\_\_\_  
\_\_\_\_\_



**BRIGHT SCHOLARS  
UNIVERSITY**