Application for Services

PARENT SECTION (Please Print) Student Date of Birth: _____

Student Full Name: _____ Nickname: _____

Parent Name: Father: _____ Mother: _____

Address: _____

Home Phone: ( ) _____ Mother Cell: ( ) _____

Mother Email: ( ) _____ Father Cell: ( ) _____

Father Email: ( ) _____ Student Cell: ( ) _____

Name of School **Student** Attends: _____ Grade: _____

School Address: _____ Phone: ( ) _____

Medical Insurance Company Name: _____

Policy Number: _____Known Medical Conditions/Allergies

_____

Current Medications: _____

Home Access Number & Password: _____

STUDENTS COMPLETE THIS SECTION

Current Classes And Teacher:

1_____ 2 _____

3_____ 4 _____

5_____ 6 _____

Part 2

What is your favorite subject?

Why? _____

What is your least favorite subject?

Why? _____

What is your favorite hobby (s)? _____

_____

How do you spend your leisure time? _____

_____

Please select the subject you would like to be tutored in:

__Language Arts / Reading **__Math**

STUDENTS AND PARENT COMPLETE THIS SECTION TOGETHER

Please check all areas that you need help with:

_____ Academics _____ Behavior _____ Study Habits _____ Organization Skills
_____ College/Career Planning _____ Relationships _____ Communication
_____ Teacher/Administrator Issues _____ Resources/Referrals
_____ Financial Aid _____Other (Please list here) _____
_____

NEW POLICY: Effective 10/1- * In order to receive ARK Services at no cost, parents MUST volunteer monthly. Please see The Director for more information on volunteer opportunities.

SIGNATURES:

The information I have included in this application is accurate. Any changes will be reported immediately.

Mother: _____ Date: _____

Father: _____ Date: _____

Student: _____ Date: _____

Director: _____ Date: _____

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