



# Application for Services

**PARENT SECTION ( Please Print)**

Student Email: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Student Birthdate: \_\_\_\_\_

Parent Name: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mother Cell: ( ) \_\_\_\_\_

Father Email: \_\_\_\_\_ Father Cell: ( ) \_\_\_\_\_

Mother Email: \_\_\_\_\_ Student Cell: ( ) \_\_\_\_\_

Father Employment: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mother Employment: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Father Monthly Income \$ \_\_\_\_\_ Mother Monthly Income; \$ \_\_\_\_\_

Name of School **Student** Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known Medical Conditions/Allergies \_\_\_\_\_

Current Medications: \_\_\_\_\_

**STUDENT'S HOME ACCESS NUMBER & PASSWORD:** \_\_\_\_\_

## **STUDENTS COMPLETE THIS SECTION**

### **Current Classes And Teacher:**

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_

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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 list some of your favorite things:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**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    \_\_\_\_ Employment Skills

\_\_\_\_ Financial Aid    \_\_\_\_ Other ( Please list here) \_\_\_\_\_

**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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disability. The ARK is a 501c3 Non-Profit  
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## **Student Checklist**

### **All Students:**

Please bring your transcript and report cards to the initial consultation with the Director.

Complete Application and Liability Release Forms    Provide  
Home Access Username and Password    Copy of Your Student  
I.D. (if applicable)

**Students receiving tutoring services - Please bring:**

School assignments    Books needed for tutoring sessions  
Printout from Parent Access report page

Parents: Please bring all verification documents including monthly income.  
Applications will not be processed until all verification documents are received.

Note: If you have an IEP, please bring a copy with you to the initial consultation.

**For Office Use Only:**

**Student:**     Transcript     Report Card     Home Access Username and Password     Student ID

**Parent:**     Application     Liability Release Form     Parent Handbook

Student Handbook     Parent Meeting Dates     No Show Letter