

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 C	OMPLETE THIS SECTION
Current Classes And Teacher:	
1	2
3	4
5	6
7	8

Page 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 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: _____



Student Checklist

All Students:

Completed Application and Liability Release Forms
Please bring your transcript and report cards to the initial consultation with the Director
Provide Home Access Username and Password
Copy of Your Student I.D.

Students receiving tutoring services - Please bring:

School assignments
Books needed for tutoring sessions
Printout from Parent Access report page
All Progress Reports and Report Cards

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