



Application for Summer Tutoring

Parent Section (Please Print)

Student Full Name _____ Student Birthdate _____

Parent Name: Father _____ Mother _____

Address: _____

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

Father Email: _____ Father Cell: () _____

Mother Email: _____

Father Monthly Gross \$ _____ Mother Monthly Gross \$ _____

Emergency Contact: Name _____ Relationship _____ Cell phone () _____

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

Known Medical Conditions/Allergies _____

What subject does your student need tutoring? Math or Reading (Circle One)

Would you like your student(s) to participate in the Voyagers Club (Bible Learning)? Yes _____ No _____

Also open to students not enrolled in tutoring. Gifts for student referrals who complete the application and participate.

***Please complete the ARK Liability Waiver, Submit FINAL Report Card, AND IEP as a part of this application.**

Parent Comments:

FEE: A deposit of **\$10.00** is required at the time of application. If student attends **all** tutoring sessions, your deposit will be reimbursed in good faith.

Date _____

Date _____

Parent's Signature

ARK Director Signature

****** The ARK Educational Resource Center is UNABLE provide transportation currently******

The ARK Educational Consulting, Inc. (The ARK Educational Resource Center does not discriminate on the basis of race, national origin, color, creed, religion sex, age, or disability. The ARK is a 501c3 Non-Profit Organization.