



Tutoring Application

| Applicant Information | | | |
|---|---------|-----------|--------|
| Student Name: | | | |
| Date of birth: | Age: | Sex: | Grade: |
| School: | | | |
| City: | State: | ZIP Code: | |
| Parent/Guardian Information | | | |
| Parent 1 name: | | | |
| Parent 2 name: | | | |
| Lives with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other: | | | |
| Parent 1 | | | |
| Street address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | E-mail: | Fax: | |
| Parent 2 | | | |
| Street address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | E-mail: | Fax: | |
| Person responsible for fees (if different from above) | | | |
| Name: | | | |
| Street address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | E-mail: | Fax: | |
| Question #1 | | | |
| Has your child been identified as having a learning difference? | | | |
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| Question #2 | | | |
| What would like the tutoring session to focus on? | | | |
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| Question #3 | | | |
| Is there anything a tutor should know about your child to help us design a successful tutoring session? | | | |
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| Signature of parent: | | | Date: |