

**GLENWOOD
COUNTRY DAY
SCHOOL**

PRIVATE TUTORING APPLICATION

Days and Times _____ Location: _____

Student: _____ Date of Birth: _____

Address: _____ City _____

Zipcode: _____

Telephone: _____ School: _____ Grade: _____

Mother: _____ Occupation: _____ Bus. Phone: _____

Father: _____ Occupation: _____ Bus. Phone: _____

Previous Evaluations or Tutorial Experiences: _____

Person Who Referred You: _____

Address: _____

Problem Areas: Place a 1 next to the most serious problem, 2 next to the second most difficult area, and so on. Do not check off areas in which there is no concern.

___ Reading ___ Math ___ Spelling ___ English ___ Written Language ___ Handwriting
___ Study Skills ___ Behavior ___ Other (Please specify) _____

Name of Person in Your Child's School Who Could Serve as a Contact Person (Home room Teacher, Reading or Math Teacher, Counselor, etc.)

School Phone Number: _____

Do you give permission for the tutor to contact the school? _____

Pediatrician or Family Doctor _____ Phone _____

In Case of an Emergency and a Parent Cannot be reached at the Above
Numbers, Contact:

Name: _____ Phone: _____ Relationship: _____

FEES: Registration and Testing for New Students who haven't been tested in the last year-
\$150.00

Registration for Returning Students Tested Within the Past Year- \$50.00

This registration form must be accompanied by the non-refundable registration fee.

Parent Signature: _____ Date: _____ Fee: _____