



PRIVATE TUTORING APPLICATION

Days and Times _____

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 _____

- OVER -

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.
Please write a separate check for this service.

Parent Signature: _____ Date: _____ Fee: _____