



SCHOOL YEAR TUTOR PROGRAM APPLICATION FOR ENROLLMENT

Date _____

Name of student _____ Age _____ Date of Birth _____

Name of Parent or Guardian _____

Street Address _____

City, State, Zip _____ Home Telephone _____

Work Phone _____ Cell Phone _____ E-mail _____

School attending _____ Grade _____

Teacher Name _____ School Telephone Number _____

Interests, Hobbies, etc. _____

ACADEMICS

Indicate which area(s) help is needed in:

Reading _____ Spelling _____ Writing _____ Math _____

Special services at School?

Any diagnoses that affects your child's learning?

None ___ IEP ___ 504 ___ Title One ___ _____

Special Education label _____

TUTORING

You may sign up for one tutoring session per week. Please indicate 1st, 2nd & 3rd preference. Other times may be available.

Times: 3:30 – 4:30 p.m. Monday _____ Tuesday _____ Wednesday _____ Thursday _____

3:45 – 4:45 p.m. Monday _____ Tuesday _____ Wednesday _____ Thursday _____

4:00 – 5:00 p.m. Monday _____ Tuesday _____ Wednesday _____ Thursday _____

How does your child learn best? Do you have any suggestions for your child's tutor? _____

NOTE Most tutors are volunteers. The tutor will contact the parent/guardian when an opening is available.