



**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: \_\_\_\_\_