

Student Profile

Child's Name _____
(Last) (First) (M.I.) (Nick Name)

Birthdate: _____ Age: _____ Grade: _____

Parents: _____

Address: _____
(Street Address) (City) (Zip Code)

Would you like to be contacted by email from the tutors? Yes _____ No _____

Parent's email address _____

Telephone: _____
(Home) (Work) (Cell)

Person responsible for payment: _____ S.S.# _____

Address _____
(Street Address) (City) (Zip Code)

Telephone: _____
(Home) (Work) (Cell)

School District: _____

School Name _____

Emergency contact: _____

Are there any food allergies? _____ yes _____ no; If yes, please specify _____

Program

Study Skills & Organization
Writing
Science
Homework Completion

Reading
English
Math
ACT/SAT

I am the parent or guardian responsible for payment of these services: _____
Date _____

Please print name and relationship

Please sign