

Tutoring Student Information Form



Student Information

Student's Name: _____ Age: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone (home): _____ (cell) _____

birthdate ____/____/____ Parent's Email: _____

Mother's Name: _____ Father's Name: _____

Emergency Contact Person _____ Phone _____

Doctor's Name _____ Phone _____

Special medical, health, allergy, dietary information:

What extra-curricular activities does your child participate in? _____

May we give your child treats during his session (ex. candy, popcorn, cookies...) Yes No (circle one)

School Information

Current School: _____

Grade: _____ Teacher: _____ Teacher's Email: _____

Teacher's Phone: _____

May we contact your child's teacher to discuss ways to better help the tutoring/education process? Yes No (circle one)

I hereby give The Tutoring Terminal permission to contact my child's teacher to discuss grades and various ways to better help the tutoring process.

Signed: _____ Date: _____

Questionnaire

For which academic subject are you seeking tutoring?

