

Tutoring Application Form

Sign-up Information

Select a Learning Format:

Grammar Reading Creative Writing Conversational English

Other: _____

Select a Class Format: Private Instruction (one-on-one) Group Instruction

Will you be using the following services as well? Homework Helper E-mail Editing

Preferred time for lessons: Weekday (Mon-Fri) Weekend (Sat)

What days are you not available? _____

Requested Start Date: _____

Student Information

Student Last Name: _____ First Name: _____

Grade: _____ School: _____

Age: _____ Language(s) spoken at home: _____

Current English Grade at School: _____

Is the student in ESL? Yes No

Do you have any concerns about the student's academic ability?

Client Information (Payee):

Full Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ E-mail address: _____

Cell Phone #: _____