



Academic Tutoring Application

Student's Full Name: _____

Address _____ City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Grade: ____ Sex: ____ Current School: _____

Parent/Guardian Name: _____ Phone Number: _____ Email _____

In what academic areas would you like your child to improve?

1. _____
2. _____
3. _____

Please submit the application with the Application and Evaluation fee (\$50) to the school with the students' current academic profile such as reports, work samples, etc.

For School Use Only (Please do not complete)

Reading Program	Level	Starting Lesson	
Comprehension			
Decoding			
Language For _____			
Reading Mastery			

Math Program Level	
Starting Lesson	

Recommendation

Reading: Minimum Hours/Week _____ Desired Hours/Week _____ Total Number of weeks _____

Math: Minimum Hours/Week _____ Desired Hours/Week _____ Total Number of weeks _____

Tuition

Material Fee: \$15.00 x # of workbooks = _____

Tutoring Cost: \$50.00 x # of hours/week = _____

Total Due = _____

Monthly payment = _____

I agree to the recommended hours and agree to make monthly payment by the 1st of the month. I understand that I may terminate the services with a 30-day written notice.

Parent Signature

Date