



PhD Founders

Student Information Tutoring Program

Today's Date _____

Name of Student _____ / /
(Date of Birth)

Gender (M/F)

(Grade in School)

Student's Age

Name of school child attends _____

Name of Parents _____
Mother/Legal Guardian

Father/Legal Guardian

Home Address _____
Number/Street

City State Zip Code

Telephone Contacts _____
Home Number

Cell: Mother or Father (Circle)

Work: Mother or Father (Circle) Email: _____

If student is over 16:

Student Cell: _____ Student Email: _____

Preferred Method of Contact: _____

Academic and Scheduling Information

- What subject(s) does your child need assistance with?

- Please indicate three choices for days and times that would be convenient for us to arrange tutoring sessions for your child.

1st Choice _____

2nd Choice _____

3rd Choice _____

NOTE: Days and times are subject to availability.

How did you learn about the Tutoring Program?

Craigslist Facebook Ads Search Engine Referral Name _____ Other _____

Signature _____ Date _____

