

TUTORING PLUS STUDENT REGISTRATION FORM

When submitting your application, please attach a copy of your child's most recent report card, along with any standardized test scores or progress reports.

Because the information requested is vital to the safe and effective operation of our programs, incomplete applications will not be accepted. Thank you for your cooperation.

Please note, the information you provide in the application will be kept confidential and will be used for internal tracking purposes only.

Please check the program(s) in which you are interested. Feel free to check more than one program.

_____ Middle School Tutoring (5:30-7:00p, Mon & Wed)
Fletcher-Maynard Academy

_____ High School One-on-One Tutoring (6:00-7:30p,
Monday) Jefferson Park

_____ Middle School Tutoring (5:30-7:00p, Tuesday)
King Open School

_____ High School One-on-One Tutoring (6:00-7:30p,
Tuesday) 119 Windsor

_____ Middle School Tutoring (5:30-7:00p, Thursday)
Cambridgeport School

_____ High School One-on-One Tutoring (6:00-7:30p,
Wednesday) Roosevelt Towers

_____ Enrichment Program
Specify which one: _____

Today's Date: _____

Family Information

Student's Name _____ Date of Birth: _____

Gender _____ Race (optional): _____ Country of Origin: _____

Guardian's Name: _____ Relation to Child: _____

Guardian's Occupation: _____ Employer/School: _____

Language(s) spoken at home: _____

Full Mailing Address: _____ Day Phone: _____

_____ Evening Phone: _____

_____ E-mail: _____

Emergency contact information (Please list two names and ALL applicable phone numbers):

1. _____

2. _____

Known allergies: _____

Other medical conditions: _____

Health insurance provider: _____ Identification #: _____

(Please Turn Over)

School/After-School Information

School Attending: _____ Grade currently in: _____

Does your child participate in a bilingual program? **Yes No** (circle one) If Yes, which one? _____

What after-school program(s) is your child involved with? _____

What academic area(s)/subject(s) does your child need help with? _____

Has your child ever been referred to Special Education? **Yes No** (circle one) If Yes, what year? _____

Does your child have an IEP? **Yes No** (circle one)

Has your child ever been retained? **Yes No** (circle one) If Yes, in what grade(s)? _____

Is there anything else you feel we should know about your child? _____

Please remember to attach student’s last report card, progress report (if available) and standardized/achievement test scores, when submitting application.

This application may be returned by mail to...

Tutoring Plus of Cambridge
Attn: Student Admissions
225 Windsor Street
Cambridge, MA 02139-3606

Or by fax to...

(617) 349-6595

Please call us at (617) 349-6588 x422 or e-mail us at info@tutoringplus.org with any questions. Our Web site, with more information about our programs, can be viewed at www.tutoringplus.org.