



Tutoring Sign-up Form

Student Name _____ Date _____
first last

Grade _____ Age _____ Sex: M or F

Student's School _____ Name student prefers to use _____

Student's Address _____
street city st zip

Parent email _____

Parent/Guardian name _____ Phone _____

Parent/Guardian name _____ Phone _____

Who will be bringing student to/from tutoring? Please list if student will be driving to/from tutoring.

List what subject(s) your child needs to be tutored in _____

Are there any specific areas/skills that need extra practice? _____

Does your child have any special classroom accommodations that we need to be aware of?

Are there any schedule conflicts (days/times) to schedule tutoring around? _____

Allergies or medical conditions _____

Any other information we should know? _____

Please email completed form to nwilliams@mynCBC.org or return to the church office.