

## Tutoring Center Intake Form

**Name:** \_\_\_\_\_  
(Last, First Middle)

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**How did you hear about the Tutoring Center?** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **System:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Services Requested:** \_\_\_\_\_

**Accommodations Needs:** \_\_\_\_\_

### For Official Use Only

**Tutor Preference:** \_\_\_\_\_ **Days of the Week:** M, T, W, TR, F

**Hours per week:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Best Method to Reach Parent/Guardian:** \_\_\_\_\_