

<b>For Office Use Only</b>



**ELITE**  
Tutoring Academy

# Student Information Form

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? (Circle one)

◆ On Site Sign      ◆ Website      ◆ YMCA      ◆ School

◆ Advertisement: \_\_\_\_\_      ◆ Referral: \_\_\_\_\_      ◆ Other: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason(s) for coming to Elite Tutoring Academy?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems that we should be aware of? Please list below:

\_\_\_\_\_  
\_\_\_\_\_

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