

# THE LIFE TUTORING APPLICATION

## PARENT'S CONTACT INFORMATION

Name:		<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	
Phone:	E-mail:		
Address:	City:	State:	Zip Code:

## STUDENT'S CONTACT INFORMATION

Name:			
Phone:	E-mail:		
Address:	City:	State:	Zip Code:
School:			Grade:

## EMERGENCY CONTACT

Name of a relative not residing with you:		Phone:	
Address:	City:	State:	Zip Code:
Relationship:			

## REASON SERVICES REQUESTED

Briefly describe reason services are being requested (subject area):

## DESIRED OUTCOME

Briefly describe your desired outcome from this service:

<b>Desired tutoring method</b>	<input type="checkbox"/> <b>Face to Face</b>	<input type="checkbox"/> <b>Phone</b>	<input type="checkbox"/> <b>Online (Skype)</b>
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## AVAILABILITY

Days/Time Parent is available:

Days/Time Student is available:

Transportation (Does student have means of own transportation?)

## STUDENT'S EXTRA-CURRICULAR ACTIVITIES

Activity:	Days involved:
Activity:	Days involved:
Activity:	Days involved:

## SIGNATURES

I authorize The Life Tutoring Ministry to contact me and/or my child for the purposes of tutoring as described above.  
 I acknowledge that there is a two hour minimum cancellation policy once tutoring services have been scheduled.  
 I acknowledge that I will be required to sign a Medical Release Form before services can be rendered.

Signature of Parent:	Date:
Signature of Parent:	Date:

## POINT OF CONTACT

Deacon Lennard Cannon	(703) 490-7155	tutoring@thelifedc.org
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