| Tutoring Registration Form | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Name of Student: | | | |
| Date of birth: | Gender: | | Grade: |
| Why do you want tutoring assistance at Joseph Learning Lab: | | | |
|  | | | |
| Parent/guardian information | | | |
| Name: | | | |
| Relationship to Student: | | | |
| Phone: | | E-mail: | |
| City: | State: | | ZIP Code: |
| Why do you want tutoring assistance for the student and what are your expectations: | | | |
|  | | | |
| Best days for the student to participate | | | |
| \_\_ Monday  \_\_ Tuesday  \_\_ Wednesday  \_\_ Thursday  \_\_ Friday  \_\_ Saturday | | | |
| |  |  | | --- | --- | | Preferred location for tutoring | | | \_\_ At a school campus  \_\_ At a library  \_\_ At Joseph Learning Lab (JLL) | | | Emergency Contact | | | Name: | Phone: | | Relationship: | | | | | |
| Signature | | | |
| Signature of Parent/Guardian: | | | Date: |

Submit via Email to [jlearninglab@gmail.com](mailto:jlearninglab@gmail.com), postal mail or by appointment at JLL.