| Tutoring Registration Form |
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| 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  |
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| Preferred location for tutoring  |
| \_\_ At a school campus\_\_ At a library\_\_ At Joseph Learning Lab (JLL)  |
| Emergency Contact |
| Name: | Phone:  |
| Relationship:  |

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| Signature |
| Signature of Parent/Guardian: | Date: |

Submit via Email to jlearninglab@gmail.com, postal mail or by appointment at JLL.