



## REGISTRATION FORM

Today's date \_\_\_\_\_

### Student Information

Student's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Current Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_ Year of high school graduation \_\_\_\_\_

Reason for Tutoring \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Teacher Contact Information \_\_\_\_\_

Medical Concerns/Allergies \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

### Contact Information

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(Zip)

Student's email address \_\_\_\_\_

Parent's email address \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_

Student/(C) \_\_\_\_\_

Mom/(W) \_\_\_\_\_

Dad/(W) \_\_\_\_\_

Mom/(C) \_\_\_\_\_

Dad/(C) \_\_\_\_\_

Whom may we thank for referring you to Paideia? \_\_\_\_\_

**Academic History**

Diagnosed Learning Differences \_\_\_\_\_

Date of most current testing \_\_\_\_\_

Diagnostician \_\_\_\_\_

***Please furnish us with a copy of the most recent testing.***

Please list the schools that your child has attended

Grade School(s) \_\_\_\_\_

Middle School(s) \_\_\_\_\_

High School(s) \_\_\_\_\_

Describe your child's strengths \_\_\_\_\_

Describe your child's weaknesses \_\_\_\_\_

List any other information you think we should know \_\_\_\_\_

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**Office Use:**

**Begin Date:**

**Tutor(s) Assigned:**

**Session schedule:**