



# ELITE

*Tutoring Academy*

## Student Information Form

Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Name of Person Registering the child: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Name of School the child attends: \_\_\_\_\_

Address of the school: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

What are your concerns regarding your child's education? Why did you come to Elite Tutoring Academy?

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How did you hear about us? \_\_\_\_\_