



**ACADEMY IN MANAYUNK
Tutoring Application**

Date of Interview at AIM _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Age ____ Sex ____ Grade ____ DOB. ____/____/____ Name Child prefers to be called _____

School _____ City _____ State _____

Parents _____

Home Phone(____) _____ - _____ E-mail _____ @ _____

Mother's Work Phone(____) _____ - _____ Mother's Cell Phone(____) _____ - _____

Father's Work Phone(____) _____ - _____ Father's Cell Phone(____) _____ - _____

Person responsible for fees (if different from above)

Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Has your child been identified as having ADD or ADHD? _____

Is your child currently on any medications? If so, please list. _____

On what would you like tutoring to focus? _____

Is there anything a tutor should know about your child to help us design a successful tutoring session?

Has your child had a psycho-educational evaluation in the last 3 years? Yes _____ No _____

IF SO, PLEASE PROVIDE US WITH A COPY WITH THIS APPLICATION.