

The Columbus Academy Tutoring Center **Student** Application

Contact Information:

Student's Name: _____

Home Address/City/Zip: _____

Parent's Home Phone: _____ **Work Phone:** _____ **Cellular Phone:** _____

E-mail Address: _____

Emergency Contact: _____ **Phone #:** _____

Allergies/Chronic Conditions: _____

Medications: (Name / Usage): _____

Tutoring needs: Please let us know in what areas your child needs tutored.

Subjects:	Grade Level:	Remedial/ Accelerated	Special needs:

Comments:

Tutoring time requests: Please mark the times you need a tutor.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

Comments:
