

CLC CHAPPAQUA LEARNING CENTER

485 Washington Avenue Pleasantville, NY 10570 • (914) 769-7800 • Fax (914) 769-7818

TUTORING REGISTRATION FORM

Please complete and return this form

Name: _____ (____)____
Last First m.i.

Address:

city state Zip Code

Parent's First Names (and last names if different from student's): _____

Phone No: _(____)_____ Cell Phone: _(____)_____

Work No: _(____)_____ Work E-mail: _____

Student's Cell Phone: _(____)_____ Student's E-mail: _____

High School: _____ Current GPA: _____

Subject Tutoring: List subject(s) in which student is interested: SAT Critical Reading, SAT Math, SAT Writing, ACT English & Reading, ACT Math & Science, School Math (all levels), Bio, AP Bio, Chem, AP Chem, American History AP American History, Global history, AP Global History, A World History, English, Writing etc.

Cost: per hour basis

_____, _____, _____, _____.

Previous SAT II scores (if any):

Subject: _____ Score: _____

Subject: _____ Score: _____

W: _____

Previous PSAT (if any):

CR: _____ Math: _____ W: _____

Previous SAT (if any): Date taken

CR: _____ Math: _____

Previous ACT scores (if any):

Date: _____ English: _____ Math: _____ Reading: _____ Science: _____

Date: _____ English: _____ Math: _____ Reading: _____ Science: _____

Previous Tutoring (if any): _____

(continue on next page)

Additional Comments: (for example, is student eligible to take the test with extended time)

Health Information: (Candy is available during tutoring sessions. Does your child have any food allergies, or any other physiological conditions that might present themselves during a tutoring session (peanut allergy, diabetes, hypo or hyperglycemia, epilepsy, etc?)

Good communication between the tutor, student and his or her family is imperative, so please keep me informed of any changes in your child's physical or mental status. We must work together to achieve the best results possible for your child.

Thank you.

Sincerely,

Judy Suchman