

## Middle/High School Tutoring Registration

Student's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother \_\_\_\_\_ Telephone \_\_\_\_\_

Father \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of Emergency contact (other than Parent or Guardian)

\_\_\_\_\_ Telephone \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, what type? \_\_\_\_\_

*If Parent Cannot Be Contacted*

*If parent cannot be reached in case of medical emergency,  
Consent is hereby given that the student receive medical and/or  
surgical care as recommended by physician or hospital.*

Signature of Parent of Guardian:

\_\_\_\_\_

I prefer in-home sessions.

I will meet you at \_\_\_\_\_ Public Library.

I will meet you at \_\_\_\_\_ in \_\_\_\_\_.

### MATH Tutoring on the Go!

Brishundra McGrier

Highwood, IL

If you have any questions, please call me at (803)292-3596