Mullins Tutoring, Inc. Glendale, AZ 85310

(623)693-5233

TUTORING REGISTRATION FORM

(Please Print)

Today's date:												
STUDENT INFORMATION												
Student Last name:						First:						
Parent/Guardian Last name:						First:						
Parent/Guardian Last name:						First:						
Student date of birth:												
Street address: City, Sta					ate	te: ZIP Code:						
Home phone:			Cell pl	none:				Work P	Work Phone			
Parent email:					Student email:							
Referred by (please check o	(please check one box): ☐School ☐Internet Search ☐Family/Friend ☐ Ad ☐Other											
Tutoring location preference:					tor	oring schedule preference:						
SCHOOL/COURSE INFORMATION												
School:						Grade/Level:						
Medical Issues the Tutor should be aware of:												
Difficult topics:												
Strong topics:												
Tutoring goals:												
Other academic issues, if any, that tutor should know about:												
PAYMENT INFORMATION												
Person responsible for payments:						Relationship to student:						
Street address: Ho				Home phone:				Cell phone:				
P.O. box: City:								State:		ZIP Code:		
□Check (due in advance)												
Receipt will be DEmailed monthly to:												
The above information is true to the best of my knowledge. I received and read the Mullins Tutoring, Inc. – Tutoring Policies. I agree to all terms and conditions outlined in Mullins Tutoring, Inc Tutoring Policies. Payment by check or cash is due by the first of the month.												
Student signature		<u> </u>	,	,					Date			
Patient/Guardian signature							Date					