

STUDENT APPLICATION FOR TUTORING ON MAC FAMILY NIGHT 2008-2009

NOTE: All applications are confidential. Results are shared with school only at parent/student request.

Return to MAC, 210 Carlton Terrace, Teaneck, N.J. 07666

Student Name _____ DOB: _____ Grade _____
Address _____ Phone _____ Email _____

Special education__ (Attach current IEP) General education __ (Attach last report card)

Parent Consent for tutoring _____

(NOTE: This consent means the parent takes responsibility to have the student attend regular tutoring sessions and to behave appropriately and politely throughout Family Night tutoring activities.)

Name of parent/guardian attending tutoring session with student _____

Nature of tutoring need:

Reading ___ Math ___ Writing ___ Comprehension ___ Content area (Name subject) _____

Other ___ Have you had tutoring before? ___ Describe _____

Have there been behavior problems in school? ___ Describe _____

Have you had all of your vaccinations? ___ Current health status? _____

Do you prefer a man or woman tutor? _____ Name most difficult subject _____

Name favorite subject _____ List some of your hobbies _____

When not in school, what are your favorite activities? _____

Why do you want to come for tutoring? _____

Do you have problems with Homework? Explain _____

Do your teachers give you extra help? ___ Describe _____

What other after school tutoring do you receive? _____