



SUMMER TUTORING APPLICATION

Summer 2007

Today's Date: _____ for tutoring Beginning: (month) _____ (year) _____

Name of Applicant: _____
Last First Middle

Preferred Name: _____ Birthdate: _____

Address: _____

City/State/Zip _____ Telephone _____

Ethnicity: _____ Male Female Social Security Number : _____

Present Grade: _____ Current School: _____

FAMILY INFORMATION

Father/Legal Guardian: _____ Mother/Legal Guardian _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

e-mail: _____ e-mail: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

With whom does the applicant reside? _____

Married Single Divorced Divorced-Re-married

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Signature: _____ Date: _____ Relationship: _____

RELEASE OF INFORMATION:

I, _____, hereby authorize Royce Learning Center to release and/or obtain copies of all pertinent records on _____.

Signature: _____ Witness: _____ Date: _____

Applicants are considered for admission to programs on the basis of testing, evaluation, previous school record and personal qualifications without regard to race, color, creed or national origin.

BACKGROUND INFORMATION: (The following Section is OPTIONAL)

Has the student been tested or evaluated by a school/private psychologist or psychiatrist? _____

If yes, who? _____ When? _____

**please send available documentation (e.g: diagnostic test results, school reports etc)*

Does this student have a learning disability? _____

Does student have an attention deficit disorder(ADD/ADHD)? _____

Recommended Treatment: _____

Name of Physician: _____

Does the student have other learning problems? (please describe) _____

Does student have behavioral/emotional problems? (please describe) _____

If yes, is student receiving treatment? _____ with whom? _____

Has the student been tutored in the past? _____

If so, where _____ when? _____

Is student receiving any special educational services now? _____

TO ASSIST US WITH SCHEDULING, PLEASE ANSWER THE FOLLOWING:

Subjects requiring tutoring _____

Note: We make every attempt to meet the needs of individual students based on tutor availability.

How many sessions are you interested in receiving? 3 times per week 4 times per week

Please select one: 45 minute sessions 60 minute sessions

Preferred days? (Monday through Thursday) _____

Preferred times? _____

Preferred location? _____

Vacation plans during session? _____



APPLICATION FOR FINANCIAL ASSISTANCE

Summer 2007

Limited financial aid is available to applicants on the basis of need. If you would like to apply, please complete the following information.

Payor's Name: _____ Relationship to Student: _____

Payor's Employer: _____ Address: _____

Spouse's Name: _____ Relationship to Student: _____

Spouse's Employer: _____ Address: _____

*Annual Income: Payor: _____ Spouse: _____

Dependents (Living at home):

Table with 4 columns: Name, Date of Birth, Name, Date of Birth. Includes three rows of blank lines for entry.

* Additional Income: _____ (Child Support, Retirement, SSI, etc.)

* Total Annual Income: _____

*Proof of income in the form of your most recent Federal Income Tax return or your monthly social services statement must be attached. A W-2 alone is not acceptable.

I certify that the above employment, income and dependent information is true. I give Royce Learning Center permission to contact the people/agencies above to verify stated information will be updated periodically and will remain in a confidential file.

Signature

Date

Relationship to Student



SUMMER TUTORING REGISTRATION

2007

GENERAL:

Name of Applicant: _____

Address: _____

City/State/Zip _____ Telephone _____

The Tutoring Center at Royce	Registration Fee*	Tuition Cost	Total
6 weeks: June 18 - July 27	\$75 for new students	\$40/hr, elementary & middle school	_____
8 weeks: June 18 - Aug 10 <i>sessions individually scheduled</i>		\$45/hr, high school & above, reading or LD specialist	

*registration fees are non-refundable but will be applied to tuition

PAYMENT OPTIONS:

Check (made payable to: Royce Learning Center)

MC VISA Credit Card # _____ Expiration _____ / _____

Invoice my Company: _____

Att: _____

Cash (DO NOT ENCLOSE - pay in person at Royce Learning Center)

Mail registration & application forms with payment to:

Royce Learning Center
4 Oglethorpe Professional Blvd
Savannah, GA 31406

Fax registration & application forms
912.354.4633
att: Alice Hendricks

Visit our office:
(8:00 am - 5:00 pm)
We are on Oglethorpe Professional Blvd. which is off Mall Blvd. between Darby Bank and Star Castle.
t: 912.354.4047