



THE PLAINS COMMUNITY LEAGUE TUTORING PROGRAM

Student Information Form

Date _____

Student Name _____

Address _____

Parents/Guardians names

Parent/Guardian email _____

Cell # _____ Other phone # _____

School _____

Grade _____ Age _____

Subjects and teachers in school:

Math _____

Science _____

English _____

Social Studies _____

Reading/Writing _____

Help needed: _____

Allergies _____

Emergency Contact name and phone number (must be different than parent)

Student will be picked up by (name of person/relationship to student)

Parents' comments