



ACADEMIC TUTORING SERVICES – Iron Life Ministries Campus

Please Print All Information

STUDENT NAME _____ DOB _____
GENDER (Circle One): M F RACE/ETHNICITY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE _____
E-MAIL ADDRESS _____
PARENT / GUARDIAN NAME _____
PARENT CELL PHONE _____ PARENT E-MAIL _____
AUTHORIZED ADULTS FOR PICKUP: _____

SCHOOL NAME _____ GRADE _____ GPA _____ READING LEVEL _____
ELA/READING TEACHER _____ MATH TEACHER _____
CURRENT EXTRACURRICULAR ACTIVITIES _____
SUBJECT AREAS OF GREATEST NEED (1=Greatest, 3=Least):

1. _____ 2. _____ 3. _____

DOES THE STUDENT RECEIVE ANY SPECIAL EDUCATION OR INTERVENTION SERVICES? _____

If yes, does he/she have an IEP? _____ Please describe services received: _____

PLEASE LIST ANY DISABILITIES / ALLERGIES _____

How did you hear about SPECS? (Circle One)

Website Friend/Family Newspaper/Magazine Commercial Teacher/Counselor Other _____

SCHEDULING: (Slot preferences are not guaranteed, but are based on availability)

Number of slots per week requested (Circle One): 1 2 3 Other _____

Please indicate your 1st and 2nd choices of tutoring slots options:

DAYS: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

TIMES: _____ 3:30 – 4:30 pm _____ 4:30 – 5:30 pm _____ 5:30 – 6:30 pm Other _____

In signing below: I acknowledge that the information provided on this form is not false or misleading and realize that if it is found to be so, services may be dropped without a refund. I also understand that all fees are non-refundable and information is confidential and shall only be used by SPECS for the expressed purpose of providing our services. Furthermore, I authorize SPECS to record my child's participation and appearance on video, audio, photograph, or any other medium and use my child's name, likeness, voice and biographical material in connection with those recordings. I also authorize SPECS to distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which SPECS, and those acting pursuant to its authority, deem appropriate. Also, I indemnify and hold harmless SPECS and Iron Life Ministries for any liability resulting from personal injury, property damage or monetary loss arising out of or as a result of my child attending this program. Tutoring takes place on the campus of Iron Life Ministries, 5386 Friendship RD, Tallahassee, AL. I also understand that fees must be pre-paid at least one week in advance, are charged per slotted hour, not per attended hour, and all private tutoring slots will be charged ½ slot fee rate for ALL school holidays. Additionally, all Private Tutoring student slots are obligated for the full 9 weeks in which enrolled and automatically renewed for subsequent 9-week periods unless a ONE-WEEK WRITTEN NOTICE of cancellation is received, during which regular slot fees still apply. Also, returned check fees will be assessed and services halted until the check and fees are paid. Furthermore, SPECS will make every effort to reschedule cancelled lessons with a 24-hour notice, if possible, based on schedule availability.

Parent / Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Form Received by: _____ Date: _____
Tutoring Start Date: _____ Assigned Slots: Days _____ Times _____