



Skyway Tutoring/Rites of Passage
P.O. Box 4111
Renton, WA 98057

Student Tutoring Application

Student's Name _____ Email: _____

Address _____

City _____ State _____ Zip _____

Parent's/Guardian's Name _____ Email: _____
(Please Print)

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Student's Age _____ Date of Birth (Month, Day Year) _____

Name of School: _____ Grade: _____

Primary Teacher's Name: _____

Counselor's Name: _____

Days Attending Tutoring: _____ Tuesday _____ Thursday _____ Both

Please Identify Specific Areas for Tutoring: (Check areas that apply)

Homework _____

Reading: Sight Words__ Sounding Out Words__ Comprehension__

Language Arts: Grammar__ Spelling__ Composition__ Penmanship__

Math: Counting__ Addition__ Subtraction__ Multiplication__ Division__ Story Problems__
Integers__ Decimals__ Percentages__ Algebra__ Geometry__ Graphs__

Other areas to work on (please specify):

Any allergies, medications or conditions we should be aware of? _____

Family Doctor: _____ Phone: _____

Please list names and phone number so persons other than yourself who will be responsible for picking up students from tutoring:

Name _____ Phone: _____

Name _____ Phone: _____

Emergency Contact(s): _____ Phone: _____

_____ Phone: _____

Is there anyone who should NOT be allowed to pick up your child under any circumstances? _____

Other information about my child (whatever you wish to share about interests, other activities, special concerns, etc)

- I give permission for the Skyway Tutoring Program to communicate with my child(ren)'s teachers, and for school personnel to provide information to the Skyway Tutoring Program about my child(ren)'s academic progress, including specific assignments and suggestions for improvements.
- I give permission for my child(ren) to participate in the Skyway Tutoring Program. I agree to provide feedback on my child(ren)'s academic progress and to participate in parent meetings and recognition events. I authorize pictures of my child(ren) to be used in Skyway Tutoring Program publications.

Signature of Parent/Guardian: _____

Date: _____