

**UFLC TUTORING PROGRAM
STUDENT REGISTRATION 2009/10**

Name _____

Address _____

Parent or Guardian name(s) _____

Phone _____

Cell Phone _____

Child's Birthday _____ Grade _____ Gender _____

School Attending _____ Teacher's Name _____

Disability? _____

If LD, is it Observed/Disclosed? _____ Documented? _____

Does Student have IEP/IAP? _____

Subject to be tutored in _____

Known Allergies or medical conditions _____

Student's CPS ID # (request from student's school) _____

How did you hear about our program? _____

FOR OFFICE USE ONLY

Tutor name _____

Room assignment _____