



Tutoring Registration

Student's Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any special needs of which we should be aware? Yes No  
If yes, please explain (attach additional sheet if necessary): \_\_\_\_\_

Type of tutoring requested: Individual (Private) Group No Preference

School currently attending: \_\_\_\_\_

Subject(s) in which tutoring is requested:  
Elementary (Grades K-6)

- Reading, Writing, and Language Arts
- Math
- Science
- Social Studies

Secondary (Grades 7-12)

- English
- Math (circle specific area) Algebra Geometry
- Science (circle specific area) Biology Chemistry Physics
- History (circle specific area) World Civilization American History
- Other: \_\_\_\_\_

Return form to: Central Creativity 442 N. 6th Ave. Laurel, MS 39440