



ACADEMY REGISTRATION FORM

Student Information

Student Name: _____ DOB _____ M ___ F ___

School: _____ Grade: _____

Phone number: _____ Email address: _____

The best way to contact me is: ___ by phone or ___ by email

Student's main language is: _____

Parent Information

Parent/Guardian Name: _____

Mailing Address: _____

Phone number: _____ Email address: _____

The best way to contact me is: ___ by phone or ___ by email

Emergency Contact Information (other than parent/legal guardian)

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____

Name _____

Phone _____ Relationship _____

Availability

Please the days and write in the time that student are available for tutoring.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Student Questionnaire

Medical conditions _____

Allergies _____

Medications _____

CHOKHLEI ACADEMY will not distribute medication unless the parent/legal guardian presents a signed medical form from the students doctor labeling each medication with amount and time to be taken and a consent signed by the parent/guardian. Forms must be attached to this form.

Educational support needed/Focused Subject (continue on back side if needed)

Students will be given a healthy snack during their tutoring session. Please list any concerns that you may have or if you would prefer to provide your student's snack.

Student will need to bring all material that he/she needs tutoring with. Such as homework, books, papers etc....

I understand that I am responsible for dropping off and picking up my student promptly. I must notify the academy if my student cannot attend the scheduled session. Consistent unexcused tardiness and absence will result in a discussion about possible termination of admission.

Parent/Guardian Signature _____ Date: _____