

## PRIMARY CONCEPTS – “LLC”

### Tutoring Application

Date of Interview \_\_\_\_\_ (Interoffice Only)

First Name (Student) \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Age \_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Mother's: Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father's: Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Person responsible for fees (if different from above)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your child been identified as having ADD or ADHD? \_\_\_\_\_

Is your child currently on any medications? If so, please list.

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What would you like tutoring to focus on?

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Is there anything a tutor should know about your child to help us design a successful tutoring session?

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How many hours per day? \_\_\_\_ How many days per week? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_