



Miles Jones Foundation Tutoring Program Registration Form

Student Information

- Student's Full Name: _____
 - Date of Birth: _____
 - Grade/Year Level: _____
 - School Name: _____
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Parent/Guardian Information

- Parent/Guardian's Name: _____
 - Parent/Guardian's Contact Number: _____
 - Parent/Guardian's Email Address: _____
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Tutoring Preferences

- Subject(s) Requiring Tutoring: _____
 - Preferred Tutoring Schedule (Please specify days and time availability):

 - Preferred Location for Tutoring Sessions (Specify if in-person or online):

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Medical Information

- Does the student have any medical conditions or allergies?
If yes, please provide details:



Emergency Contact Information

- Emergency Contact Name: _____
 - Emergency Contact Number: _____
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Additional Information

Please provide any additional information or specific concerns regarding the student's learning needs or tutoring requirements:

Consent and Agreement

By signing below, I confirm that the information provided in this registration form is accurate and complete to the best of my knowledge. I understand that enrollment in the tutoring program is subject to availability and the terms and conditions outlined in the Tutoring Service Agreement and Tutoring Program Policies. I agree to comply with these terms and guidelines.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____

Date: _____
