



St. John Neumann Tutoring Ministry Spring 2017

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Phone _____ - _____ - _____

STUDENT INFORMATION

1. First Name _____ Last Name _____
Nickname (if applicable) _____ Gender _____ Date of Birth ___/___/___ Age _____
School _____ Grade _____
Areas of help needed: Math Reading Both **Languages spoken:** English Spanish Other: _____
Please provide any other information that would be helpful for our tutors:

2. First Name _____ Last Name _____
Nickname (if applicable) _____ Gender _____ Date of Birth ___/___/___ Age _____
School _____ Grade _____
Areas of help needed: Math Reading Both **Languages spoken:** English Spanish Other: _____
Please provide any other information that would be helpful for our tutors:

3. First Name _____ Last Name _____
Nickname (if applicable) _____ Gender _____ Date of Birth ___/___/___ Age _____
School _____ Grade _____
Areas of help needed: Math Reading Both **Languages spoken:** English Spanish Other: _____
Please provide any other information that would be helpful for our tutors:

I authorize St. John Neumann Church and the Diocese of Charlotte to use photos or video of my child(ren) taken during The Homework Room Tutoring Ministry for promotional purposes.

Parent/Guardian Signature _____ Date ___/___/___