



Tutoring • SAT/ACT Prep • Study Skills • Credit Recovery
Professional Tutorial Service & Accredited Academy

ENROLLMENT APPLICATION

Today's Date _____

Student's Name _____ Birthdate _____

Parents' or Guardians' Names _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian E-mail _____ Primary Phone # _____

Employer(s) _____ Work Phone (Mom) _____

Parent's Contact Cell phone _____ Work Phone (Dad) _____

School student is attending now (if applicable) _____ Grade Level _____

In what area(s) of academics are you seeking assistance? _____

(If school course) Textbook Title _____ ISBN# _____

If E-class and/or online textbooks, note here your USERID _____ and PASSCODE _____

I authorize TLC to access my student's E-Class information for educational purposes only during learning sessions and in order to visit the classroom teacher's webpages, view assignments, worksheets and learn about course expectations. PARENT'S INITIALS _____

(If virtual sessions) SKYPE contact ID & phone #/email _____

If the student has any learning differences about which we should be aware, please explain _____

Have you ever used a tutor or learning center before? _____ If yes, who, when, and in what area of academics? _____

Please circle days and times when this student can attend sessions:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
afternoon	afternoon	afternoon	afternoon	afternoon	morning	afternoon
evening	evening	evening	evening		afternoon	evening

How did you hear about **Total Learning Concepts** or who referred you? _____

Conference dates and times: _____

OFFICE USE ONLY

Initial fees paid upon enrollment:

Date: _____
Check # _____ / Cash / Visa / M/C / Discover (circle one)
CC last 4 # _____ Exp. Date _____
Total amount paid _____