**Genesis Tutoring Enrollment Program**

1. **General Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_

(First, Last) (Day, month, year)

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address) (Borough) (State) (Zipcode)

1. **School Information**

**School Name­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_ School Number\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guidance Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA\_\_\_\_\_\_\_\_\_\_\_\_**

**Leadership Positions Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(If Applicable)*

 **Extracurricular Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(If Applicable)*

**Anticipated Graduated Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(If Applicable)*

1. **Academic Information**
2. Current GPA\_\_\_\_\_\_\_\_\_\_
3. Previous Math State Exam Score\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_ Previous ELA State Exam Score\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_
4. Does your child have an IEP? Yes or No? (if no please skip to question 4)

3a. What year was your child first evaluated \_\_\_\_\_\_\_\_\_\_ 3b.What school was your child enrolled in at the time of first evaluation?­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3c. What category has the IEP determined your child is in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please submit copy of most recent IEP

1. Is your child currently in counseling services?\_\_Yes or No (If no please skip to question 5)

4a.Name of Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4b. Length of Counseling\_\_\_\_\_\_\_4c. Reason for Counseling\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child ever been suspended from school? Yes or No (if no please skip to question 6)

5a. How many times did your child receive suspension?\_\_\_\_\_\_\_\_\_\_\_\_\_5b. Dates of Suspension\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5c. Reason for suspension please explain?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5d. Did this involve court?

1. Has your child ever received detention? Yes or No (If no please skip to question 7)

6a. How many times did your child receive detention?\_\_\_\_\_\_\_\_\_\_\_\_\_6b.What grade/s when received detention?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6c. Reason/s for detention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6d.

1. Has your child ever been left behind from grade? Yes or No If yes what grade/s was your child left behind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **TUTORING SERVICES**
3. Has your child ever received tutoring? Yes or no? (If no please skip to question 2)

1a. what program did your child receive tutoring?­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1b. What was the length of the tutoring?­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1c. Dates of the tutoring?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What subjects does your child need tutoring in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Tutoring you are interested in, Please circle all that apply

General Group Tutoring Individualized Tutoring Test Prep Group Tutoring

1. Days of availability for individual tutoring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location of Tutoring: Gun Hill Community Center Eastchester Community Center (please circle one)