

Academic Tutoring with Grace

Registration Application
11620 Cullen Blvd., Houston, TX 77047
(713) 733-4485

Student Information		
First Name	Last Name	
Birth Date	Age	
Street Address		
City	State	Zip
Home Phone		
Current School		Current Grade Level
Subject(s) requested for tutoring (Select all that ap	oply): [] Math [] Reading	
Is English your child's first language? [] Yes	[] No If no, what is their firs	t language?
Is your child currently enrolled in a tutoring progr	am?[]Yes []No If yes, wh	nat program?
Does your child have any special needs? [] Yes	[] No If yes, please explain:	
Does your child have any behavioral issues? []	Yes [] No If yes, please expla	ain:
Has your child received any disciplinary actions w suspension and/or expulsion? [] Yes [] No		to include but not limited to: detention,
Parent/Guardian Information		
Mother/Guardian Marital Status: [] Single [] Married [] Separated/Widow	ved
Mother/Guardian First Name	Mother/Gua	ardian Last Name

Street Address		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
Father/Guardian Marital Status: [] Single [] Married [] Separated/Widowe	d
Father/Guardian First Name	Father/Guard	lian Last Name
Street Address		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
I have read, understood and agreed to the follow	owing:	
		into the program. Pre-screening, in accordance nine acceptance and placement within the
By submitting this application, you are stating th Enrollment guidelines and agree to abide by them	at you have read and understand the n.	aforementioned Academic Tutoring with Grace
Applicant Signature		Date
Return your completed application via email t	o info@gracecongregationalchuro	ch.org
For Enrollment Department Use ONLY:		
Status: [] Approved [] Denied If denied, ju		
If approved, date approved:	Initials:	