

Exantus



Supportive Tutoring Services

Student Name _____ DOB _____

Mailing Address _____

Cell Phone _____ Home Phone _____ School _____

Grade _____ How did you hear about us? _____

Parent Name(s) _____

Address (if not same as above) _____

Cell Phone _____ Home Phone _____ Email _____

Emergency Contact:

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Print _____ Signature _____ Date _____

Office Use Only:

- Approved
- Not Approved

Student Tutor ID _____

Signature _____ Date _____

Preferred Emergency Hospital _____

*Please be advised in case of an emergency nearest hospital with take precedence

PCP _____ Address _____ Phone _____

Insurance _____ Claim No _____

Allergies _____

Additionally, I would like the following services:

- FSA (M) \$25/hr
- ACT (S, U) \$35/hr
- Typing (TBA) \$10/hr
- Music (TBA) \$10/hr
- Cursive (TBA) \$10/hr
- Art (TBA) \$10/hr

Lessons are provided via zoom. Email with additional information will pursuit. Please be sure to complete application for student ID. Must have STTS provided ID to attend.

If you DO NOT receive confirmation information within 24-48 hours, please contact us.

Refer someone for \$5 OFF

Disclaimer: If there is less than two or more attendee; class will be cancelled to avoid private lesson fees.