

TUTORING APPLICATION

DYSLEXIA INSTITUTE OF INDIANA, INC.

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www.dyslexiaindiana.org

APPLICANT INFORMATION

APPLICANT'S NAME: _____
LAST FIRST NICKNAME

DATE OF BIRTH: _____ AGE: _____ GRADE CURRENTLY ENROLLED IN _____

GENDER: MALE _____ FEMALE _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

HOME PHONE NUMBER _____

Emergency contact information:

NAME: _____ RELATIONSHIP _____ PHONE # _____

APPLICANT LIVES WITH: BOTH PARENTS: _____
SINGLE PARENT FEMALE: _____
SINGLE PARENT MALE: _____
GUARDIAN: _____ (SPECIFY RELATIONSHIP) _____

IS YOUR CHILD ADOPTED?: YES _____ NO _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

MOTHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

GUARDIAN'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

Children's Application

PERSON RESPONSIBLE FOR TUTORING PAYMENT:

LAST NAME FIRST NAME

INCOME: \$ 0.00 - \$ 20,000.00 _____
\$ 20,001.00 - \$ 40,000.00 _____
\$ 40,001.00 - \$ 60,000.00 _____
\$ 60,001.00 - \$ 80,000.00 _____
\$ 80,001.00 - \$100,000.00 _____
\$100,001.00 and above _____

Please check: American Indian _____ Asian/Pacific _____ Black _____ Hispanic _____ White _____

Names of brothers and sisters: _____ Age _____ Present school or occupation _____

Do any other members of the family have learning disabilities or speech and language difficulties? _____

EDUCATION INFORMATION

Name and address of present school _____

Public _____ Private _____ Grades repeated, if any _____

Schools attended by applicant with dates _____

Has applicant received tutoring, counseling, or special therapy of any kind? Yes _____ No _____

If Yes: Tutor: _____

Address & Phone #: _____

Counselor/Therapist: _____

Address & Phone: _____

What specific type of learning problems does applicant experience? _____

