



Box 642, La Porte, IN 46352  
(219) 325-0875  
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## Student Application for Tutoring

Please Print

Date: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

### Personal Information (Kept Completely Confidential)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

If Under 18, Name of Responsible Adult in Household: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Race: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Home or Cell (circle one)

Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Employment (Full Time, Part Time, Retired, Unemployed, etc.): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Do You Smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

**Educational Background (Kept Completely Confidential)**

Reading Level (Grade Level or Beginner, Intermediate, Advanced): \_\_\_\_\_

Last School and Grade Level If Not In School: \_\_\_\_\_

Current School and Grade Level If In School: \_\_\_\_\_

Current Teacher If In School: \_\_\_\_\_

Languages Known Other Than English: \_\_\_\_\_

Were or Are You in Special Education Classes: \_\_\_\_\_

Any Known Learning Problems or Disabilities: \_\_\_\_\_

**Tutoring Preferences**

Program (Adult, Speaking English, Child): \_\_\_\_\_

Subject(s) (Reading, English, Math, Digital Literacy): \_\_\_\_\_

Tutoring Goals: \_\_\_\_\_

Preferred Tutoring Location If Not the Main Library : \_\_\_\_\_

Preferred Days: \_\_\_\_\_ Times: \_\_\_\_\_

Prefer Male or Female Tutor?: \_\_\_\_\_

Emergency Contact (Name, Phone, Relationship): \_\_\_\_\_

Anything Else We Should Know: \_\_\_\_\_

How Did You Find Out About READ?: \_\_\_\_\_