

A.T.A.C., INC.

Associates in Tutoring & Academic Consultation, 1314 N.E. 43rd Street, Suite 209, Seattle, WA 98105

Phone: (206) 547-1818 Fax: (206) 547-1890

www.atactutoring.com

2009-2010 REGISTRATION FORM

To register with A.T.A.C. and reserve a spot, please send this form along with a \$155 check to the above address. This deposit includes an initial family planning conference and review (if relevant) of current learning assessments (\$100) and a registration fee (\$55). The deposit is non-refundable, unless we are unable to provide tutorial services. If the student is in an advanced honor's high school program and has no underlying learning or psychological issues, A.T.A.C. may opt to waive the initial conference.

Student Name: _____

Current School: _____ Age: _____ Grade: _____

Previous School: _____ Left after grade: _____

Reason for referral to this office (briefly describe): _____

Referred to this office by: _____

Diagnosed learning issue: _____

Diagnosed psychological issue: _____

Tested by: _____ Date: _____

Do you have your assessment today? Yes No – If not please mail or fax in learning/psychological assessment

Medication: _____ Previous tutoring: _____

Fall Tutoring Requests (list subject or skill area):

1. _____

2. _____

3. _____

Siblings / Age: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ E-mail Address (optional): _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Home Address: _____

_____ Zip: _____

Person Responsible for Bill: _____

Billing Address (If different than above): _____

_____ Zip: _____

Parent's Signature: _____ Date: _____

Please provide any advanced knowledge of your child's class schedule or mail/fax information A.S.A.P.
We try to accommodate your needs and appreciate your flexibility in this process!