

# ACADEMIC|Link

## Student Information

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Street City Zip Phone

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Name of Current School \_\_\_\_\_ # of Years Attended \_\_\_\_\_

Child's Grade \_\_\_\_\_ Academic Year \_\_\_\_\_ Teacher \_\_\_\_\_

Any Known Medical Concerns \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cellular # \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
(If different than student) Street City Zip Phone

Business or Profession \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If Different than student) Street City Zip Phone

Business or Profession \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cellular # \_\_\_\_\_ e-mail \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cellular # \_\_\_\_\_

Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cellular # \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about Academic Link? \_\_\_\_\_

### Fees: Please make payment to *Academic Link*.

Registration Fee	\$ 95/per student
Tutoring	\$ 60/per hour
Consulting	\$ 75/per hour
Testing	\$125/per test

**Cancellation: 48 hour cancellation policy for Tutoring and Consulting – No Exceptions.**

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## Parent Expectations

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Subject area for improvement    \_\_\_\_\_ Mathematics    \_\_\_\_\_ Writing    \_\_\_\_\_ Reading

Additional testing    \_\_\_\_\_ Mathematics    \_\_\_\_\_ Writing    \_\_\_\_\_ Reading

**What are your expectations for your child?** Do you accept grade level achievement or would you like him/her to strive for higher levels?

**What words come to mind when you consider the following statements?**

\*Your child's present overall academic achievement (below / at / above grade level).

\*Your child's motivation to learning (little motivation / motivated / very motivated).

\*Your child's desire to work in a (group / individually).

\*Your child's reaction to competition with themselves or competition with others  
(Likes competition with self / dislikes competition with self).  
(Likes competition with others / dislikes competition with others).

**Please rate your child's interest (high/average/low) in the following subjects:**

\_\_\_\_\_ Mathematics    \_\_\_\_\_ Writing    \_\_\_\_\_ Reading

**Please rate your child's overall academic achievement when compared to grade level expectation (below/average/high) in the following subjects:**

\_\_\_\_\_ Mathematics    \_\_\_\_\_ Writing    \_\_\_\_\_ Reading

**Does your child read books on his/her own without being asked to do so?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**What activities is your child involved in (examples: music, dance, drama, art, sports, clubs)?**

**What are your child's special interests?**

**What are your expectations for *Academic Link*?**



**Release Authorization for Emergency Treatment**

I understand that in the case of an emergency, illness or injury and I am unable to be reached, I authorize staff at *Academic Link*, to obtain whatever medical attention deemed necessary for the welfare of my child from the nearest hospital or physician. If medical attention is needed, I agree that I am financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Medical Problems \_\_\_\_\_

I am the parent/legal guardian of the minor \_\_\_\_\_

I am signing this release on behalf of said minor.

Parent/Legal Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Waiver of Liability**

I, the parent or legal guardian of \_\_\_\_\_, hereby give my consent and agree to release, indemnify, defend and hold harmless *Academic Link* and its instructors and representatives from any claim arising out of injury to my child. I also hold harmless *Academic Link*, its instructors and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs.

Parent/Legal Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_