



***Order of the Knights of Pythagoras
and
Phyllis S. Byrd Youth Fraternity***

TUTOR APPLICATION

DATE: _____

Family Information

Student's Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone number and/or email address: _____

Best way to contact me is ____ by phone or ____ by email

Emergency contact information (Please list two names and ALL applicable phone numbers):

1. _____ 2. _____

Known food allergies: _____

Other medical conditions: _____

School Information

School: _____ Grade: _____

What academic area(s)/subject(s) does your child need help with? _____

Has your child ever been referred to Special Education? Yes No Does your child have an IEP? Yes No
(If so, please provide a copy of child's IEP. This information will be used educational purposes only.)

Is there anything else you feel we should know about your child? _____

What other program(s) is your child participating in? _____