

**UFLC TUTORING PROGRAM
STUDENT REGISTRATION 2015/16**

Student name _____

Address _____

Parent or Guardian name(s) _____

Home Phone _____

Cell Phone _____

Grade in fall of 2015 _____ Gender _____

School Attending _____

Disability? _____

If LD, is it Observed/Disclosed? _____ Documented? _____

Does Student have IEP/IAP? _____

Subject to be tutored in _____

Known Allergies or medical conditions _____

I understand that as a UFLC student, my child may be photographed or videotaped during normal program activities and these photos/videos may be used in future promotional materials.

Signature _____

FOR OFFICE USE ONLY

Tutor name _____

Room assignment _____