



Confidential Periscope Enrollment Form

Parent's Name:

Age/grade in fall 2018:

Address:

Phone:

Email:

Alternate adult contact:

Student's Name(s):

Gender:

Phone:

Please check any that apply:

difficulty with one or two academic subjects. List along with past grades earned:

not working up to his/her full potential

does well in school, but I want to make sure s/he does not lose ground

has organization and/or attention challenges.

needs extra challenges

Please provide any other information about your child that will help us serve him/her- for example IEP or 504 plans, use of glasses/contacts.

If applicable, when did academic issues begin?

Anything else Periscope Tutoring LLC should know: