



AFTER SCHOOL KARATE ACADEMY

BOWIE PLAZA • 6950 LAUREL-BOWIE ROAD (ROUTE 197) • BOWIE MARYLAND 20715

(301) 805-8700 • (301) 805-8721

TUTORING APPLICATION FORM

APPLICATION INFORMATION

Student : _____ D.O.B. ____/____/____ Male or Female
Last First Gender (circle one)

Address: _____ Apartment/Unit #
Street Address
City State ZIP Code

Parent / Guardian: _____ Contact Phone # _____

- | | | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------------------|------------------------------|-----------------------------|
| Pre-K or Kindergarten Math Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Pre-K or Kindergarten English Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Elementary Math Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Elementary English Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Pre-Algebra Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Phonics Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Algebra I Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Vocabulary Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Algebra II Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Critical Reading Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Geometry Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Critical Writing Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Trigonometry Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Grammar Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Pre-Calculus Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | English as Second Language (ESL) Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| AP Calculus Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SSAT, SAT, PSAT English Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SSAT, SAT, PSAT Math Tutoring | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Other Subject _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other Subject _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Total Hours Purchased

1 to 1 tutoring: _____ hours 1 to 3 tutoring: _____ hours

Payment made by: (_) cash (_) check (_) credit card

First Day of Instruction: _____ Last Day of Instruction: _____

Disclaimer and Signature

Policy: Students may make up missed class hours if the parent or guardian of the student informs After School Karate Academy at least 24 hours in advance of the scheduled session. No refunds shall be given once the scheduled session commence on the first day of instruction. If you agree with the above information, then confirm with your signature below.

Signature (Parent or Guardian): _____ Date: _____

Signature (After School Karate Academy): _____ Date: _____