



41 Buttermilk Drive, Thomaston, ME 04861 \* 594-5095

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## TUTORING APPLICATION

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NAME OF APPLICANT: \_\_\_\_\_

NAME OF PARENT(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT'S CELL/WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

OTHER PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

\_\_\_\_\_ AND PHONE #: \_\_\_\_\_

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**Your responses to the following questions will help Trekkers find a tutor that best fits your academic needs and your schedule.**

1.) Please explain why you would like a tutor.

2.) Please list subject(s) or class(es) **and** teacher's name(s). Please list in order of highest priority.

3.) What do you find the most challenging about the subject(s)?

(OVER)

4.) How long would you like a tutor? *Please make a checkmark next to your preference.*

\_\_\_\_\_ Short Term Tutor (a tutor just until a grade improves)

\_\_\_\_\_ Long Term Tutor (a tutor throughout the school year)

5.) Tutoring sessions are generally for one hour each week. What is the best time for you and your tutor to meet  
(List preference in order of 1-4, with 1 being your first preference)?

\_\_\_\_\_ During school

\_\_\_\_\_ After school

\_\_\_\_\_ Evenings

\_\_\_\_\_ Weekends

Please list what days of the week **and** specific times: \_\_\_\_\_

6.) How do you best learn? Please check all that apply:

Visual: You prefer using pictures, images, and spatial understanding.

Auditory: You prefer using sound and music.

Hands-on: You prefer using your body, hands and sense of touch.

Logical (mathematical): You prefer using logic, reasoning and systems.

8.) Is there anything else that we should know about you?

**Trekkers Photo Release Policy: We hereby allow Trekkers to use photographs or images of me/my child for appropriate promotional materials (please check box):**

**Yes**

**No**

I, \_\_\_\_\_, give my daughter/son,  
(Parent/Guardian)

\_\_\_\_\_, permission to participate in  
(Child's Name)

Trekkers' tutoring program. I authorize \_\_\_\_\_ to  
(Child's School)

share any information regarding my daughter/son to Trekkers, Inc. for the purpose of determining a suitable tutor. I understand that any information given will remain strictly confidential. This authorization remains in effect for one year after the date indicated below.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date