



STUDENT INFORMATION FORM

Submitting this form does not obligate you to the services offered.

STUDENT INFORMATION

Name: _____ Date of Birth _____
Phone: _____ Email: _____
School: _____ Grad Year/Grade: _____

PARENT INFORMATION

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Email: _____
How did you hear about *5 POINTS PREP*?
 friend web site school staff/counselor ad/flyer other

PROGRAM INFORMATION

Academic Need: _____
Test Prep: _____ Course/Subject Help: _____
Study Skills: _____ Academic Rigor (CP, Honors, AP, Dual): _____
Goals For Tutoring/Test Prep: _____
Academic Concerns/Learning Needs: _____
GPA: _____
Standardized Test Scores: Reading/Writing _____ Math _____ ACT Science _____
PSAT: _____
SAT: _____
ACT: _____
College Choices: _____
Preferred Meeting Times: S M T W T F S -- Morning Afternoon Evening

PROGRAM REGISTRATION

Test Prep: _____ Target Test Date: _____
Tutoring: _____
College Counseling: _____
PAYMENT TYPE: credit/debt card check cash
Amount: _____ Date: _____

Notes: