

**Springfield Tutoring Academy**  
**2200 E. Main Street**  
**Springfield, Ohio 45503**  
**(937) 360-7319**

**info@springfieldtutoringacademy.com**

**ADMISSION APPLICATION**

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Date \_\_\_\_\_ County of Residence \_\_\_\_\_

Childs Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Has child been evaluated?  Yes  No If yes, please send copy of evaluation. \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Authorization to check reference: (Parent's Signature) \_\_\_\_\_

Is there a history of learning problems in the family?  Yes  No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Describe your child's learning problem(s) \_\_\_\_\_

Does your child know the alphabet? (If 5 or 6 years old)  Yes  No \_\_\_\_\_

Can your child write his name?  Yes  No Handedness  Left  Right \_\_\_\_\_

Directions?  Yes  No

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How well do other people understand your child's speech? \_\_\_\_\_

Do you know of any other problems, including medical? \_\_\_\_ Yes \_\_\_\_ No

If yes, what are they? \_\_\_\_\_

Most recent eye exam date \_\_\_\_\_ Results \_\_\_\_\_

Hearing exam date \_\_\_\_\_ Results \_\_\_\_\_

Does your child have behavioral problems in school? \_\_\_\_ Yes \_\_\_\_ No

If yes, what are they? \_\_\_\_\_

Is English the child's primary language? \_\_\_\_ Yes \_\_\_\_ No If no, what is? \_\_\_\_\_

Has your child applied to or received services at any other Learning Center?

\_\_\_\_ Yes \_\_\_\_ No If yes, Center(s) \_\_\_\_\_ Child's ID# \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

Interests \_\_\_\_\_

**Release of Information for Research**

I understand that information provided to the Academy as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used, and that data will be confidential. I further understand that this consent will not affect the Academy's decision on my child's acceptance into the program.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**CHILD ID#** \_\_\_\_\_

**ACADEMY** \_\_\_\_\_