



The Hill School  
of Wilmington

## Tutoring Program Application

### APPLICANT

Name \_\_\_\_\_  
*First Name Middle Name Last Name (Prefers to be Called)*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT 1

\_\_\_\_\_  
*Dr./Mr./Ms./Mrs. First Name Middle Name Last Name*

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT 2

\_\_\_\_\_  
*Dr./Mr./Ms./Mrs. First Name Middle Name Last Name*

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

If parents do not live together, applicant lives with: \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

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

Present Grade \_\_\_\_\_ Grades Repeated \_\_\_\_\_

Has your child been diagnosed as having a Learning Disability or Attention Deficit Disorder or other specified disability? \_\_\_\_\_

Name of Psychologist \_\_\_\_\_ Date of testing \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Is your child currently receiving services at the present school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so specify: (LD, ADD, EMH, SPEECH, BEH, OT, OCCUPATIONAL THERAPY, COUNSELING, OTHER)

\_\_\_\_\_

Does your child have a current IEP or 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your child's chief strengths?

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What are your child's areas of greatest need? \_\_\_\_\_

Is your child currently taking any medications? Yes \_\_\_\_\_ or No \_\_\_\_\_ If so, please list (including dosage) and describe the condition for which it is given:

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Is there any history of emotional or behavioral difficulty, either in relationships with family, peers, or academic settings? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any evaluation or treatment been conducted in relation to these problems? Yes \_\_\_\_\_  
No \_\_\_\_\_

Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please give details. (On back of sheet)

Other comments:

*I hereby make application to THE HILL SCHOOL OF WILMINGTON, INC. for my son/daughter,*  
\_\_\_\_\_ *for 2021-22 school year tutoring.*

*(Name of Applicant)*

*Please check those that apply:*

**SUBJECT AREA:**

\_\_\_\_\_ *Reading/Writing*  
\_\_\_\_\_ *Reading/Writing/Math*  
\_\_\_\_\_ *Reading*  
\_\_\_\_\_ *Math*  
\_\_\_\_\_ *Executive Function*  
\_\_\_\_\_ *Keyboarding*  
\_\_\_\_\_ *Group Tutoring*

**FORMAT:**

\_\_\_\_\_ *Individual Tutoring*  
\_\_\_\_\_ *Group*  
\_\_\_\_\_ *No Preference*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return application to:**

**The Hill School of Wilmington**  
**3333 Jaeckle Drive, Suite 140**  
**Wilmington, NC 28403**

**FAX: 910-777-5025 or [info@hillsofthewilmington.org](mailto:info@hillsofthewilmington.org)**  
**(910) 685-3734**