



## 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, the applicant lives with: \_\_\_\_\_

### 2023-2024 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? \_\_\_ yes \_\_\_ no

**IF YES, PLEASE SUBMIT A COPY OF THE MOST RECENT EVALUATION WITH THIS APPLICATION.**

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 2022-23 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

**SCHEDULE PREFERENCES: 2 sessions/week (ideal)**

\_\_\_ Monday                    \_\_\_ 2:30-3:30  
\_\_\_ Tuesday                   \_\_\_ 3:30-4:30  
\_\_\_ Wednesday               \_\_\_ 4:30-5:30  
\_\_\_ Thursday

**Scheduling Comments:**

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

Please return the application to:  
The Hill School of Wilmington  
3333 Jaeckle Drive, Suite 140  
Wilmington, NC 28403  
FAX: 910-777-5025 or [info@hillschoolofwilmington.org](mailto:info@hillschoolofwilmington.org)  
(910) 685-3734