



Free Virtual Tutoring Academy Enrollment Form

To register your child for the Virtual Learning Academy:

- 1-Fill out all forms completely. PLEASE PRINT
2. One child per form.
3. Registrations will be taken on a first come, first served basis.
4. **Scan & return this form to: info@bridgingthegapla.org**
5. Call the number above or email with questions

Date of Registration_____

Student's Name_____

Age_____ Grade_____ Date of Birth_____ Male_____ Female_____

Race_____ Ethnicity_____ Veteran Status: Vet_____ Non-Vet_____

Home Address_____

Street _____ City _____ State _____ Zip Code _____

School_____ Grade_____

Student Cell #_(If applicable)_____

Parent/Guardian Name _____

Parent/Guardian Address (if different from student):

Street _____ City _____ State _____ Zip Code _____

Mother's Cell Phone_____ Mother's email _____

Father's Cell Phone_____ Father's email _____

EMPLOYER INFORMATION: Not essential, but for additional contact

Mother's Employer Information

Father's Employer Information

Employer_____

Employer_____

Work Phone_____

Work Phone_____

Work email address_____

Work email address_____

Household Income: Under \$30,000 \$30,000 - \$45,000 \$45,000 - \$65,000 \$65,000 or over
(Circle One)

EMERGENCY CONTACT:

Name _____ Relationship to Student _____

Phone _____ Email Address _____

Work Phone _____

If something does not apply to you, type N/A.

MEDICAL: Please list any physical challenges we need to be aware of.

Is your child currently involved in NTI and/or any other online learning activities? Please list:

Has your student experienced any technical or other challenges with these activities?

Please list the subject/s with which your child needs help; what is their current reading level – describe by using a grade? If you are not sure, give a good estimate.

What days of the week after school is your student available for online tutoring?

How many hours per day are they available for online tutoring?

Will your student be supervised by an adult during the online tutoring?

Yes _____ No _____

What device will your child use to access the Virtual Learning portal? Tablet, (iPad), Chromebook, Desktop, Laptop, Mobile Phone? **Please circle one.**

How did you learn about the Virtual Learning Academy?
