Student Registration Form

Mentor Tutors
The Union of Tutors Empowering the Young People in Need

HOPE UMC Torrance

TUSD / School Office ONLY

School Name	The Recommender's Name	Position	Phone Number	E-mail Address

Recommendation Comments:

Student Information (The Parent / Guardian ONLY)

Last Name	First Name	Nick Name	Grade

Home Address (Number, Street name, Apt #, City, State, ZIP)	Phone Number

Date of Birth (mm/dd/yyyy)	Age	M ☐ F ☐ Gender (Optional)	. Registration (check one):
Doctor's Name:		Doctor's Phone Number:	New Registration? ☐ Yes ☐ No
Health Insurance Company: Name:		Member ID:	Re-admit to MT Program? ☐ Yes ☐ No (Please list the subjects/tutors that you attended before)
The Parent/Guardian authorizes MT program immediately contact immediate medical care if any health emergency occurs. ☐ Yes ☐ No			
Any health condition that affects participation in the tutoring program. ☐ Yes ☐ No / Specify the condition if your answer is YES			

Foster Parent/Guardian Information

Last Name	First Name	Relationship to Student
Home Address (House number, Street name, Apt #, City, State, ZIP)		Foster Parent/Guardian Preferred Language Written: Spoken:
Home Phone	Work/ Cell Phone	Parent/ Guardian E-Mail
Emergency Contact Name	Phone Number:	Relationship:

Tutoring Request Subjects (Student)	Mentor Tutor's Name (MT Only)	Note
1.		
2.		
3.		

I hereby certify that the above information is true and correct to the best of my knowledge.

Name/Signature of Parent/Guardian: _____   Date: _____