

**Florida Southern College
Roberts Center Registration Form**

Family History Form

Please fill in the information on the form below so we can get a better picture of your child's needs.

Student's Name: _____ Today's Date: _____

Student's D.O.B. ____/____/____ Age: _____

Name of current school: _____ Teacher: _____

Name of person responsible for payment: _____

Address for billing: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Information that would benefit the tutor in planning the sessions for your child:

School History:

Grade: _____

Current School: _____

City: _____ State: _____

Date received: _____

Tutor assigned: _____

Tutoring Session: _____