

Johns Hopkins Tutorial Project
Levering Hall, Suite 200
3400 N. Charles Street, Baltimore, MD 21218
410.516.7673 Fax 410.516. 6006

APPLICATION

Instructions

Part 1 of this Application must be completed by the parent/guardian. Part 2 must be completed by the child's teacher(s). **Both parts must be completed in full in order for your child to be placed on the wait list.** Any incomplete forms will be returned to the parent/guardian for completion and you will lose your place on the wait list. Completed forms should be mailed to the above address. Enrollment occurs in September and January but applications are accepted on a continuous basis. Please call the Tutorial Office at 410.516.7673 if you have any questions or concerns. Thank you.

PART I – TO BE FILLED OUT BY PARENT OR GUARDIAN

Child's First & Last Name _____ Birth date _____
Gender Male Female Current Grade _____ Current Age _____
Address _____ Zip code _____
Name of parent/guardian _____ Relationship _____
Home phone _____ Work phone _____
Cell phone _____ Email address _____
Best way to contact you between 9am and 5pm Cell phone Work phone Home phone Email
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Please check one:

- I can provide transportation for my child to receive tutoring at Johns Hopkins University, 3400 N. Charles Street, Baltimore, Maryland at 4:30 p.m. and pick him/her up at 6:00 p.m. on his/her designated days. I am interested in
 Monday/Wednesday Tuesday/Thursday

OR

- I cannot provide transportation for my child. S/he needs bus transportation to Johns Hopkins University and **my child can safely walk to one of the following bus stops and walk home from the stop OR will be dropped off and picked up by a parent.**

NOTE: ALL STOPS ARE SUBJECT TO CHANGE

Please check one:

- MONDAY/WEDNESDAY ROUTE**
Baltimore International Academy
Baltimore Montessori School
Cecil Elementary

- TUESDAY/THURSDAY ROUTE**
Commodore John Rogers
James McHenry Elementary
Southwest Baltimore Charter School

I give permission for the teacher(s) of _____ and
(Child's Name)

_____ Elementary School to provide the following information about my child, as well as any other pertinent information, to the Johns Hopkins Tutorial Project.

Signature of Parent or Guardian

Date

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PART II – TO BE FILLED OUT BY THE CHILD’S TEACHER(S)

Child’s Name _____ School _____ Grade _____

Teacher’s name(s) _____ Email _____

May we contact you about this student? Yes No

If yes, what is the best way to contact you School phone Email Other _____

Does this student have an IEP or 504 Plan? Yes No

If yes, please specify IEP 504 Plan

Please provide specific goals for child as outlined in plan

Student’s **MATH LEVEL** Below grade level At grade level Above grade level

Math areas in need of tutoring

Student’s **READING LEVEL** Below grade level At grade level Above grade level

Reading areas in need of tutoring

Does this child demonstrate **social skills appropriate** to his/her age? Yes No

If no, please explain

Does this child have **behavior problems** in school? Yes No

If yes, please explain

Does this child have **problems concentrating and/or staying on task?** Yes No

If yes, please explain

Please state any other comments or concerns you have with this student’s academic success or any other information that will assist us in tutoring this child.