



Where homeschool children have a choice in education

Toco Hills Home Tutoring
P.O. Box 15375
Atlanta, GA 30333
404-538-6545

Application for Enrollment

Academic Year _____

Child's Name (First/Last/Middle): _____ **Gender** _____

Name child goes by: _____ **Birth Date:** ____/____/____

Child lives with: Both Parents Mother Only Father Only other

Parent is: Mother Father Other

Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ **Cell phone:** _____ **Work phone:** _____

Email address: _____

Employer: _____

Position: _____

Parent is : Mother Father Other

Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ **Cell phone:** _____ **Work phone:** _____

Email address: _____

Employer: _____

Position: _____

BROTHERS AND SISTERS

Name: _____ Birth date: ____/____/____

School now attending: _____

Also applying to Toco Hills Home Tutoring ? Yes No

Name: _____ Birth date: ____/____/____

School now attending: _____

Also applying to Toco Hills Home Tutoring ? Yes No

IF PARENTS ARE DIVORCED, what are the custodial arrangements? _____

OTHER ADULTS

In the household where the child lives: _____

Relationship to child: _____

Who provides care for the child: _____

Relationship: _____

Phone number: _____

How often: Daily Weekly Occasionally

Languages spoken in the home: _____

Any other language exposure: _____

GENERAL HEALTH

If your child has special needs, please explain here what accommodations could be provided by THHT to allow a fair evaluation for admission. _____

Medical Conditions: Please circle all that pertain to your child

- | | | | |
|-----------------|----------------------------|-----------------------------|---------------|
| Asthma | Ear infections | Headaches | Seizures |
| Convulsions | Eye problems | Diabetes | Stomach aches |
| Speech Problems | Motor development problems | Accidents where unconscious | |

Allergies? No Yes Please list: _____

List of Medications taken: _____

MILESTONES IN YOUR CHILD'S DEVELOPMENT

At what age did your child:

Start speaking words? _____ Sentences? _____ Reading? _____

PLEASE CIRCLE any of the following that describes your child most of the time:

happy	introverted	extroverted	creative
dramatic	young for age	active	empathetic
daydreams	cooperative	moody	confident
cautious	cries easily	affectionate	persevering
adventurous	patient	prefers leading	prefers following
sensitive	shy	independent	self-directed

DESCRIBE your child's personality: _____

OT/PT/Speech evaluation or therapy: provide dates of testing, therapy and any final outcomes:

EDUCATIONAL OR PSYCHOLOGICAL EVALUATIONS : dates of testing, therapy and any final outcomes:

Please provide a copy of all educational or other evaluations so that we can better serve the homeschool tutoring needs of your child.

How would you describe your child's learning style? _____

How much time does your child spend with other children?
_____ hours per day _____ hours per week

How much time does your child spend with electronic devices (TV, Computer, etc.)?
_____ hours per day _____ hours per week

What computer programs? TV programs? _____

What non-academic activities does your child particularly enjoy?

How does your child handle frustration? _____

What approach to discipline do you use? _____

Please list any discipline problems you or the school may be having:

How are you handling the problem? _____

What are your educational goals for your child? _____

How do you see THHT facilitating these goals? _____

What role do you expect to play in facilitating these goals? _____

How do you see yourself participating in the THHT community as a volunteer? _____

How did you hear about THHT ? _____

Parent Signature: _____

Date: _____

***Mail completed application with a \$100.00 non-refundable application fee to:**

**Toco Hills Home Tutoring
P.O. Box 15375
Atlanta, GA 30333**

*** Application fee is only refunded if Toco Hills Home Tutoring determines that we are unable to serve the homeschool tutoring needs of your child.**