

**REGISTRATION FORM  
FREE COMMUNITY TUTORING CLINIC  
At The EDGE, Cookeville 1<sup>st</sup> Assembly  
730 East Avenue, Cookeville , TN 38501  
526-6900**

**NAME (print)** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMERGENCY CONTACT & NUMBER** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**I need help in:**      **Math**\_\_\_      **Science**\_\_\_      **Writing**\_\_\_      **Reading**\_\_\_      **History**\_\_\_  
(Check all subjects you would like to be tutored in)

**Guidelines:**

- **Students must provide own transportation to and from the free tutoring clinic**
- **Tutoring is scheduled 30 minutes per subject matter**
- **Students are requested to arrive 10 minutes prior to their scheduled time**
- **Students must observe a quiet study atmosphere while waiting. Homework and a book are recommended while waiting**
- **The Putnam County School Board calendar will be followed. If school is closed there will be no tutoring. This includes inclement weather or early dismissal**
- **If you cannot attend your scheduled session please call 526-6900 as soon as possible**

**We anticipate a large number of requests for our tutoring services; therefore, we have a limited number of spaces for each subject. In the space below please write a brief explanation why we should choose you for this service.**

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Parents, please indicate your consent for your child to participate in the FREE COMMUNITY TUTORING CLINIC by completing the information requested below:**

\_\_\_\_\_  
**Parent Name (print)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**PLEASE BRING THIS COMPLETED FORM WITH YOU**

**We look forward to working with your child!**