Open Heaven Academy Registration Form

Date: _____

Student Information

Full Name: _____
Date of Birth: _____
Grade Level: _____
School Name: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Relationship to Student: _____
Phone Number: _____
Email Address: _____
Home Address: _____

Tutoring Details

Subject(s) Needed: ■ Math ■ Reading ■ Writing ■ Science ■ Other: _____
Tutoring Type: ■ In-Person

Learning Goals

Please describe the areas your child needs help with:
_____
_____

Additional Information

Does the student have an IEP or special learning needs? ■ Yes ■ No
If yes, please explain: _____
How did you hear about us? ■ Referral ■ Social Media ■ School ■ Other: _____

Consent & Agreement

I understand that all information provided is confidential and used for tutoring purposes only. I agree to comply with the program's attendance and payment policies.

Parent/Guardian Signature: _____
Date: _____