The Ark of Safety Tutoring Service

Registration Form

Please complete the registration form below to register as a student with The Ark Of Safety Tutoring Service. If you have any questions, please contact us at thearktutoring@gmail.com

Student's First & Last Name: _____

Does your student qualify for Free & Reduced Lunch? (Check One) Yes____ No _____

Student's STN or Student ID Number: _____

(An account cannot be established without an STN)

Student's Date of Birth: ____/_____/_____

(An account cannot be established without Date of Birth)

Current Grade: _____

Today's Date: ____/_____/_____

Parent or Legal Guardian First and Last Name: _____

Parent or Legal Guardian Email Address: _____

(An account cannot be established without an email)

Parent or Legal Guardian Phone Number: _____

Do you intend to access services for: Math____ Reading ____ Both_____

Street Address: _____

Street Address Line 2: _____

City/State / Province: _____

Postal / Zip Code: _____

What method of tutoring would you be interested in? Online_____ In-Person___ Hybrid___