



# ALEXANDER TUTORING

*experienced consultation for education and learning*

## REGISTRATION FORM



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### Student Information

First Name			
Last Name			
D.O.B		Gender	
School		Year Group	

### Parent/Guardian Information

First Name	
Last Name	
Contact Details	
Contact Number	
Address	
Postcode	
Email Address	

Please tick (✓) the preferred dates for tutoring

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐

Friday ☐ Saturday ☐ Sunday ☐

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[www.alexandertutoring.co.uk](http://www.alexandertutoring.co.uk)

## GDPR

Please sign here if you permit Alexander Tutoring to process this information.

Parent/Guardian Signature \_\_\_\_\_

After submitting this form either online or by email you will be contacted by Patricia Alexander to confirm your child's place. This initial telephone call will also allow you to pick your preferred timings for the tutoring session.