NEW CASTLE • HENRY COUNTY
PUBLIC LIBRARY

STUDENT INFORMATION

Date:_____ Name: _____

Street Address:_____

City:_____State:_____Zip_____

Work Phone:_____ Home Phone:_____

Cell Phone:_____Email:_____

Employer:_____

Describe your job:_____

How many hours do you work per week:_____

Birthday:_____ Gender: M_____ F_____

Ethnicity: Asian____ Black____ Hispanic ____ White____ Other____

Highest grade completed in school: _____

Preferred day of week to meet with tutor:_____

Preferred time of day to be tutored:_____ Preferred gender of tutor: Male____ Female ____

Emergency Contact:

Name:_____ Phone Number:_____

Relationship to you:_____

What do you want to learn?_____

_____

_____

Where did you hear about the Learning Center? ❑ Facebook ❑ Friend/Relative ❑ Library Newsletter ❑ The Courier Times

❑ Other _____

STUDENT AGREEMENT

I would like to become a student of the New Castle-Henry County Public Library Learning Center. I will attend tutoring sessions, be on time, and complete the work my tutor gives me to do at home. I will call my tutor if I have to miss a lesson.

Signature_____Date_____