



**school on wheels** inc.  
www.schoolonwheels.org

## Family Information Form

Please fill in the following information so that we can provide a tutor for your child as soon as possible.

Parent Name: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child(ren) Name(s)	Date of Birth	Grade Level	School

When is the best time to tutor your child? \_\_\_\_\_

What are the special tutoring needs of the child? \_\_\_\_\_

Any other comments: