# C.A.P.S. Tutorial Application

## Student Information

Last Name _____ First Name _____ MI ____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Emergency Phone _____ School _____ Grade _____

Known Illnesses _____

## School Information

Teacher _____ Reading Level _____ Math Level _____

Area(s) of Weakness _____

## Parent/Guardian Information

Last Name _____ First Name _____ MI ____

Home Phone _____ Work/Emergency/Contact Phone _____ Other _____

**All Sections Must Be Filled Out**