

THE GILL METHOD
Smart Strategies. Strong Results
Student Application Form

Student Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Grade Level: _____

School Name: _____

Preferred Subjects: ☐ Math ☐ English ☐ Punjabi ☐ Test Prep ☐ Other: _____

Parent/Guardian Information (If under 18)

Name: _____

Phone Number: _____

Email: _____

Relationship to Student: _____

Contact Details

Student Phone (if applicable): _____

Student Email: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text

Tutoring Preferences

Preferred Days/Times: _____

Type of Tutoring: ☐ One-on-One ☐ Small Group ☐ Homework Help ☐ Test Prep ☐
Language Support (Punjabi, Hindi, Urdu)

Goals & Expectations

What are your main academic goals or concerns?

Any specific learning challenges or accommodations?

Emergency Contact

Name: _____

Phone Number: _____

Relationship: _____

Consent Agreement

1. Tutoring Services:

My child will receive academic support in subjects agreed upon in their application.

2. Confidentiality:

Student academic performance and personal information will be kept strictly confidential and used only for educational purposes.

3. Attendance & Behavior:

I understand that consistent attendance and respectful conduct are expected from students. Missed sessions without prior notice may not be rescheduled.

4. Photo/Video Consent:

☐ I DO give permission for my child's photo/video to be used for promotional or educational purposes.

☐ I DO NOT give permission for my child's photo/video to be used.

5. Liability Waiver:

I release The Gill Method and its staff from any liability for accidents or injuries that may occur during tutoring sessions.

Signature

I confirm that the information provided is accurate, and I agree to the policies of The Gill Method.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____