



Welcome to SYLVAN!

Information & Objectives

Sylvan of Harvey

1525 Lapalco Blvd., Ste. 14 · Harvey, LA 70058

(504) 361-4712 · info@SylvanHarvey.com

To make sure we provide the most effective Sylvan experience possible for your student, please share the information below.

Parent/Guardian Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ mobile work home

Alternate Phone _____ mobile work home

Preferred Method of Contact (please check all that apply) phone alt. phone email text message

Relationship to the Student _____

Parent/Guardian #2 Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ mobile work home

Alternate Phone _____ mobile work home

Preferred Method of Contact (please check all that apply) phone alt. phone email text message

Relationship to the Student _____

Student Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

School _____ Grade _____

T-shirt size _____

Sibling Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

School _____ Grade _____

T-shirt size _____

Sibling #2 Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

School _____ Grade _____

T-shirt size _____

Background & Goals

1. Were you referred to Sylvan by anyone? Yes No
2. If yes, who referred you? _____
3. Has anyone in your family previously attended Sylvan? Yes No
4. If yes, when and where? _____
5. What prompted you to reach out to Sylvan?

6. What is the most important thing you would like to discuss?

7. At what level do you feel your student is functioning?
 Below Grade Level At grade level Slightly above grade level Considerably above grade level
8. Where would you like to see improvement?

SKILLS		ATTITUDE		HABITS	
<input type="checkbox"/>	Reading Skills	<input type="checkbox"/>	Confidence	<input type="checkbox"/>	Behavioral/Disciplinary
<input type="checkbox"/>	Math Skills	<input type="checkbox"/>	Independence	<input type="checkbox"/>	Self -Discipline
<input type="checkbox"/>	Study Skills	<input type="checkbox"/>	Attitude Towards School	<input type="checkbox"/>	Attention in Class
<input type="checkbox"/>	Writing Skills	<input type="checkbox"/>	Relationship with Teacher	<input type="checkbox"/>	Study Habits
<input type="checkbox"/>	Test Preparation	<input type="checkbox"/>	Attitude Towards Homework	<input type="checkbox"/>	Homework Consistency
<input type="checkbox"/>	Homework	<input type="checkbox"/>	Engagement in Learning	<input type="checkbox"/>	Time Management/Organization
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

9. Please provide any additional information you feel would be important to your student's success at Sylvan.

Practical Considerations

1. Please indicate any days that do not work for your family as a part of your Sylvan schedule.
 Monday Tuesday Wednesday Thursday Friday Saturday
2. Please indicate when is most convenient to schedule conferences or reach you by phone or email.
 Morning Lunchtime Afternoon Evenings
3. Please indicate what is important to you as you choose a payment option.
 Overall Cost Monthly Cost I'd like to know more about financing
4. Is there anything else we should know about your student?



EMERGENCY RELEASE

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Student Information

Student Name _____ Student DOB _____

Student School _____ Student Grade _____

Customer Information

Name _____ Relationship to Student _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Emergency Phone _____ mobile work home

Alternate Phone _____ mobile work home

Customer (2) Information

Name _____ Relationship to Student _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Emergency Phone _____ mobile work home

Alternate Phone _____ mobile work home

Medical Information

Primary Care Physician _____ Phone _____

Address _____

Are there any medical conditions we should be made aware of? _____

By signing this form, I am authorizing Sylvan Learning Center, in the event of an emergency where I (or my spouse) cannot be contacted, to secure whatever medical care is necessary for the safety and well-being of my student. I will assume all costs incurred for emergency care.

Customer Signature _____ Date _____



AUTHORIZED TRANSPORTATION

for student drop-off and pick-up

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Student Name _____ Student Age _____

Customer Name _____ Relationship to Student _____

I understand that it is my responsibility to accompany my student to and from the center. I will accompany my student to the center, wait with him/her until instruction begins, and will be available to meet my student as the instructional hour ends, unless I have provided alternate transportation instructions in writing below.

I understand that Sylvan Learning personnel cannot assume responsibility for students who arrive early and do not enter the center or for students who leave the center after instruction when no one is waiting for them.

I understand that my student must **enter** the premises and wait in the lobby until the instructional session begins and that transportation must be available to pickup my student when the instructional session ends. I understand that my student **cannot** be allowed to wait outside of the learning center premises for transportation to arrive under any circumstances.

I will notify Sylvan Learning of any changes to my student's transportation arrangements. Transportation Instructions: (Please check all of the approved circumstances.)

Sylvan Learning Center is authorized to release my student to the following persons(s) listed below:

I will personally accompany my student to and from the center.

Other Instructions: _____

By signing this form, I acknowledge that I have read, fully understand and will adhere to the Arrival and Departure and Authorized Transportation policy as indicated above. I will inform any additional responsible parties, with whom I designate authorization, of the policy.

Customer Signature _____ Date _____



Authorization to Exchange Information

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Student Name _____ Customer Name _____

I understand that during the course of tutoring by Sylvan Learning, it may become necessary for Sylvan to consult with educators, or other professionals such as physicians concerning my student. I expressly authorize and consent to a Sylvan consultation with such professionals and experts on my student's behalf. I understand that in the course of such consultation, Sylvan may receive or give information that is of a confidential nature.

I hereby authorize Sylvan to receive and give information that may be beneficial in the instruction of my student. I also authorize my student's educators, physicians, and others who may possess confidential information concerning my student to divulge and deliver that information to Sylvan. A scan copy sent via email or facsimile of this authorization should be sufficient to authorize the delivery of such information to Sylvan. Should I, at any time, wish to retain the confidential nature of any such information, I will advise you in writing.

Please select one of the options below and sign at the bottom of the form:

- YES**, I have read the above and grant authorization as stated. (Please complete the information below.)
- NO**, I do not give permission for Sylvan to obtain or release information to any outside professional working with my student.

School _____ Phone _____
 Address _____ Principal _____
 _____ Counselor _____

TEACHER(S)	SUBJECT	CONTACT DETAILS

Is your child currently in any special placement in school? (reading, math, speech, EH, LD, IEP, 504 plan, etc.) If yes, please explain: _____

Signature _____ Date _____