



Consultation Form

Please Use a Separate Form for Each Student

Student's Surname:

Given Names:

Students Date of Birth: / /

Student's Current Grade at School:

Name of Student's School:

Parents Name(s):

Your Preferred Phone Number: ()

Postal Address:

Suburb:

State:

Postcode:

Your Email:

Best Day/Time to be Contacted:

Please Indicate Preferred Centre, Days & Times:

Centre is: Eleebana Charlestown East Maitland

Time(s): am pm Day(s): Mon Tues Wed Thurs Fri Sat

Consultation Questionnaire

Please complete the following so we may gain a general insight of your situation before our consultation.

Please Indicate the Educational Areas of Concern:

Do You Have Any Other Concerns?

Have You/Your Child Been Diagnosed With a Learning Disorder? Please Indicate the Referring Professional(s), Diagnosis & Action Plan:

Has Your Child Had Tutoring Before? Yes No If Yes, Where?

What Tuition Methods Have You Tried?

Please Indicate the Effectiveness of Such Methods:

Your Name:

Date: / /

Relationship to Student:

Confidentiality: Get Ahead Learning (formerly Fiona Young Tuition) regards this enrolment enquiry as a confidential document. But we reserve the right to use your information for the purpose of communicating with you. If you would prefer us not to use your details to communicate with you please tick here