

STEMTALK Training Systems

Parental Consent Form for Tutoring Services



Student Information

- Full Name: _____
- Preferred Name: _____
- Date of Birth: _____
- Grade Level: _____
- School Name: _____

Parent/Guardian Information

- Full Name: _____
- Relationship to Student: _____
- Address: _____
- Phone Number: _____
- Cell Phone: _____
- Email Address: _____
- Emergency Contact: _____

Tutoring Details

- Subject(s): _____
- Frequency & Duration: _____
- Start Date: _____
- Location of Tutoring Services (check one):

In-person at a public location (e.g., library or school): _____

Online via Zoom, Microsoft Teams, or other platform: _____

