



EINSTEIN

EDUCATIONAL PROFILING
AND TUTORING SERVICES

Student Name: _____

Parent/Guardian Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Contact Number: _____

Email Address: _____

School: _____

Year Level:	Prep	<input type="checkbox"/>	Year 1	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 3	<input type="checkbox"/>
	Year 4	<input type="checkbox"/>	Year 5	<input type="checkbox"/>	Year 6	<input type="checkbox"/>	Year 7	<input type="checkbox"/>
	Year 8	<input type="checkbox"/>	Year 9	<input type="checkbox"/>	Year 10	<input type="checkbox"/>	VCE	<input type="checkbox"/>

Subject/s
(Please state)

Preferred Day/s: _____

Please indicate interest in the services Einstein Educational Profiling and Tutoring Services provides:

	Yes	No	Maybe
WISC –V (IQ Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQ Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring – Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring – Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the safety of our students, staff and visitors, Einstein Educational Profiling and Tutoring Services employs camera surveillance equipment for security purposes. This equipment may or may not be monitored at any time. Footage will only be accessed by persons authorised to do so. Information will not be given to any other person or agency unless authorised or required by law.