The Appalachian Reading Center, Inc.

Student Information Form

(Please submit with non-refundable $15 application fee)

Student Name: _____

Birthdate: _____

Parent(s) Name(s): _____

Address: _____

_____

Phone: _____ _____ _____

(home) (work) (cell)

Email address: _____

Name of School: _____

School Phone: _____ Grade in School: _____

Has your child been diagnosed with a learning disability? _____ ADD? _____

Contact in case of emergency: _____

Name of physician: _____ Phone: _____

Allergies: _____

Any other medical information we should know: _____

Briefly describe why you are interested in our services: _____

_____

Please check here if you are interested in applying for a partial scholarship: _____

Please list available tutoring days and times: _____

*** I have read the *Information for Students and Families* form and have enclosed the $15 non-refundable application fee.

Signature: _____ Date: _____

The Appalachian Reading Center, Inc. does not discriminate on the bases of religion, gender, race, color, or national origin in its hiring or enrollment practices.