The Appalachian Reading Center, Inc. Intake Form

Payment of the $240 Intake Fee must be submitted (by mail or delivered in person) on the day you submit this form. Make your check payable to the Appalachian Reading Center, Inc. and note the student's name on the check. If you are unable to submit payment, please contact the director about payment options before completing this form.

Today's Date: [   ]
Month / Day / Year

Payment Submitted: [   ]
Amount

Student's Full Name: [   ] [   ] [   ]
First · Middle · Last

Briefly describe why you are interested in our services. [   ]

How did you hear about us? [   ]

Please indicate all available tutoring days and times.

	Morning		Early Afternoon		Late Afternoon		Early Evening
Monday							
Tuesday							
Wednesday							
Thursday							
Friday					XXXXXXXXXXX		XXXXXXXXXXX
Saturday					XXXXXXXXXXX		XXXXXXXXXXX

If you have specific days/times that you require, please explain here: [   ]

Before submitting your form, please indicate below all that apply.

[ ] I verify that I have read the "Information for Students and Families" (found online)

[ ] I verify that I have submitted a check for the $240 Intake Fee made out to The Appalachian Reading Center, Inc. with the student's name on the check.

[ ] I am unable to send the entire $240 Intake Fee today, but I have already discussed a payment plan with the Director and am sending the agreed amount.

[ ] I am interested in a partial scholarship (available for students that need financial assistance).

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

Be sure to complete the *Student Information Form* on the next page.

The Appalachian Reading Center, Inc. Student Information Form

Today's Date:

Month / Day / Year

County of Residence:

Student's Full Name:

First

Middle

Last

Student Birth Date:

Month / Day / Year

Student Age:

Years

Student's School:

(or indicate if home-schooled)

School Grade Level:

(or indicate if withdrawn)

Primary Contact 1:
(parent or guardian)

Full Name

Relationship: (Parent, Grandparent, Guardian, etc.)

Email Address

(Use * to indicate best number to call)

Home Phone

Work Phone

Cell Phone

Primary Contact 2:
(parent or guardian)

Full Name

Relationship: (Parent, Grandparent, Guardian, etc.)

Email Address

(Use * to indicate best number to call)

Home Phone

Work Phone

Cell Phone

Other Emergency Contact:

Full Name

Relationship: (Grandparent, Neighbor, Friend, etc.)

Phone Number

Student Address:

Street

City

State

Zip Code

Is Student Address the same as Billing Address?

☐ Yes. Please use Student Address for Billing.

☐ No. Please use Billing Address below.

Billing Address:
(if different from Student Address)

Street

City

State

Zip Code

Allergies (or indicate if none):

Diagnoses or other Medical Information we should know about (or indicate none):

Physician:

Physician's Phone: