



Student Name

Last First MI

Current Grade Date of Birth Male Female

		<input type="checkbox"/>	<input type="checkbox"/>
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Parent 1/Custodial

HomePhone WorkPhone MobilePhone

Street Address

City State ZipCode

Email Address

Parent 2

HomePhone WorkPhone MobilePhone

Street Address

City State ZipCode

Email Address



Emergency Contact Name

Telephone Number

Relationship to student

Payment Information

Cash

Money Order

Credit Card

Total Paid

Educational and Medical History

Is your child on an Individualized Educational Plan (IEP) or 504 Plan? _____ Yes _____ No
If YES, please describe briefly and attach relevant documents.

Is your child currently taking any prescription medication? Please explain _____ Yes _____ No

APPLICATION STATEMENT:

Acceptance to The Achieve Academy Summer Reading Program is based on admission criteria. Because our approach to remediation is cognitive in nature, potential students need to be at least in the average range of intellectual ability. Our program is appropriate for students with language based learning disabilities, reading disorders, and those who do not have any formal diagnosis of learning difficulty yet are under-achieving in reading performance.

Students will be placed in a small group based on their ability and age. I understand that due to limited space the program has a no refund policy. All of the information in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Signature _____ Date _____