

Dyslexia Foundation of Memphis

Spring / Fall Student Application

Semester: _____

Name _____ Birth Date ___ / ___ / ___ Age _____ Grade _____

School _____ Dominant Hand _____ Sex: _____ Glasses Yes / No

Name _____ Birth Date ___ / ___ / ___ Age _____ Grade _____

School _____ Dominant Hand _____ Sex: _____ Glasses Yes / No

Parents Name _____ Telephone (____) _____

Address _____

City: _____ State: _____ ZIP: _____

E Mail Address _____

My child has permission to be given (if needed): Tylenol Yes/No

Please list any allergies or other medical information that might be needed:

Has your child been tested and recommended for admission into this program? _Yes / No

If so, Where? _____ Year? _____

Enclose the Registration Fee for each child with the application to hold your child's place in our program. The tuition is due at the beginning of the fall semester or alternate arrangements can be made by contacting the Director.

- If Parent, Friend or Sibling (16 or Older) **Can** Tutor:
Registration fee \$75.00, Tuition \$300.00 Yearly Dues: \$20.00 for a total of \$395.00
NOTE: If tutor is absent and the student attends, there will be a \$40.00 additional charge for each Saturday the tutor is absent and the student attends.
- If Parent, Friend or Sibling **Can Not** Tutor
Registration fee \$75.00, Tuition \$300.00, Yearly Dues \$20.00 Paid Tutor \$480.00 (\$40.00 a Saturday) for a total of \$875.00

Fees are not refundable

If you have any questions call
Karen Carson at 901 671-7399

Dyslexia Foundation of Memphis
7532 Hatch Circle
Arlington, TN 38002

Signature of Parent and/or Guardian _____ Date _____

___ **Return Applications by Specified Deadline** ___

Notice of Nondiscriminatory Policy as to students: The program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, or other programs.

Emergency Contact Information: Name: _____

Relationship: _____ Phone Number: _____