

# Dyslexia Foundation of Memphis

Fall / Spring Student Application

I wish to enroll:

Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Dominant Hand \_\_\_\_\_ Glasses Yes / No

Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Dominant Hand \_\_\_\_\_ 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? \_\_\_\_\_

To be a current member of the Dyslexia Foundation, a yearly dues fee of \$20.00 per family is necessary. If you have not already paid for the year, please enclose a separate check for dues (\$20.00). Make this check payable to: Dyslexia Foundation of Memphis.

Enclose the full tuition for each child, Registration fee \$25.00, Tuition \$180.00 for a total of \$205.00.  
**Fees are not refundable.**

Make checks payable to: Dyslexia Foundation Programs. Mail to:

Dyslexia Foundation of Memphis  
7532 Hatch Circle  
Arlington, TN 38002

Signature of Parent and/or Guardian \_\_\_\_\_

\_\_ \_\_ 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: \_\_\_\_\_