

Dyslexia Foundation of Memphis

Summer 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 \$550.00 for a total of \$575.00.

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: _____