

Dyslexia Foundation of Memphis

Student Application

Semester: Summer

1st Student's Name _____ Birth Date / / Age Grade

School _____ Dominant Hand Sex: Glasses Yes / No

2nd Student's 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 a Director.

- If Parent, Friend or Sibling (16 or Older) **Can** Tutor:
Registration fee \$75.00, Tuition \$100.00, for a total of \$175.00
- If Parent, Friend or Sibling **Can Not** Tutor
Registration fee \$75.00, Tuition \$700.00, for a total of \$775.00
- Dues - \$20.00 Yearly

Fees are not refundable 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: _____

file path: One Drive/dys/forms/student application- summer.docx