Dyslexia Foundation of Memphis Student Application

	36	emester:	
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	T	elephone ()
Address			
City:	State:	ZIP:_	
E Mail Address My child has permission to be given (if need Please list any allergies or other medical in	eded): Tylenol Yes/No		
Has your child been tested and recommend If so, Where?			
Enclose the Registration Fee for each child The tuition is due at the beginning of the contacting the Director.		•	
 If Parent, Friend or Sibling (16 or O Registration fee \$75.00, Tuition NOTE: If tutor is absent and the st each Saturday the tutor is absent an If Parent, Friend or Sibling <u>Can Not Registration</u> fee \$75.00, Tuition Saturday) for a total of \$875.00 	\$300.00 Yearly Dues: \$udent attends, there will d the student attends. Tutor	be a \$40.00	additional charge for
F			
Fees are not refundable If you have any questions call Karen Carson at 901 671-7399	Dyslexia Founda 7532 Hatch Circ Arlington, TN 33	le	nphis
Signature of Parent and/or Guardian			Date
Return Applications by Specified I			
Notice of Nondiscriminatory Policy as to students:	= =	-	=
to all the rights, privileges, programs, and activities not discriminate on the basis of race, color, national programs.	-		
Emergency Contact Information: Name:			
Relationship:	Phone	Number:	