



**STUDENT REGISTRATION FORM**

Name:

Date of Birth:

High School:

Graduation Year:

Email:

Phone Number:

Parent 1 Name:

Parent 2 Name:

Parent 1 Email:

Parent 2 Email:

Parent 1 Phone:

Parent 2 Phone:

Learning/Physical Differences:

Referral Source:

***Official Use***

*Program Type and Fee:*

*Payment 1:*

*Payment 2:*

*Payment 3:*

*Transcript*

*Test Score*

*Diagnosis Reports*

*Thank You to Referral Source*