

The Appalachian Reading Center, Inc.

**Student Information Form**

**(Please submit with \$240 intake fee)**

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(home)

(work)

(cell)

Email address: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Phone: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Has your child been diagnosed with a learning disability? \_\_\_\_\_ ADD? \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any other medical information we should know: \_\_\_\_\_

Briefly describe why you are interested in our services: \_\_\_\_\_

\_\_\_\_\_

Please check here if you are interested in applying for a partial scholarship: \_\_\_\_\_

Please list available tutoring days and times: \_\_\_\_\_

\*\*\* I have read the *Information for Students and Families* form and have enclosed the intake fee.  
Payment plans are available. Please contact a Co-Director to discuss options.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_