Welcome to Dyslexic Edge
Application for Enrollment 2026-2027

Student Information

Full Name: _____

Date of Birth: _____ Current Grade: _____

Address: _____

City:_____ State: _____ Zip Code:_____

Parent/ Guardian Information

Full Name: _____
Relationship to Applicant: _____
Contact Number: _____Email Address: _____
Full Name: _____
Relationship to student: _____
Contact Number: _____ Email Address: _____

2nd point of contact

Full Name:_____

Relationship to student: _____

Contact Number: _____ Email Address: _____

Previous School Information

1. School Name: _____ Years Attended: _____

School Adress: _____

2. School Name: _____ Years Attended: _____

School Adress: _____

Academic Interests

Please list any academic areas of interest or extracurricular activities the student is passionate about:

_____

Known or Suspected Diagnoses

Please list any known diagnosis with date as well as any you suspect:

_____

_____

Personal Statement

In the space below, explain briefly why you are interested in enrolling your student in Dyslexic Edge.

_____

_____

I certify that the information provided on this application is true and complete to the best of my knowledge.
*Parent/Guardian Printed: _____ Date: _____
*Parent/Guardian Signature: _____Date: _____

Required at the time of submission:
-Complete application
-Application fee $450 if received by July 10, 2026, $500 thereafter
-Signed Tutoring Contract
-Most recent evaluations for the known diagnoses listed above