

Application for Enrollment

Student Information

Full Name: _____ Date of Birth: _____

Current Grade: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Parent/ Guardian Information

Full Name(s): _____

Relationship to Applicant: _____ Contact Number: _____

Email Address: _____

Previous School Information

1. School Name: _____ Years Attended: _____

School Address: _____

2. School Name: _____ Years Attended: _____

School Address: _____

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

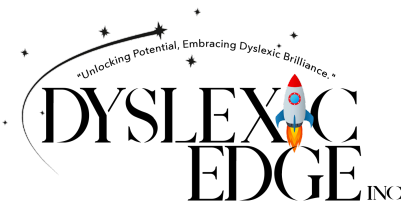
In the space below, explain briefly why you are interested in enrolling your student in Dyslexic Edge:

I certify that the information provided on this application is true and complete to the best of my knowledge.

****Parent/Guardian Signature:**** _____ ****Date:**** _____

Required at time of submission:

- *Completed application*
- *Any evaluations or screenings documenting diagnoses listed above*
- *\$500 non refundable application fee*



Full-Time Tutoring Payment Schedule

Option 1: Direct Bill of Step Up for Students Scholarship

*Parent will assign the funds to Dyslexic Edge under full-time tutoring service prior to the 1st of the month, August-May.

*At the first of each month (August-May), Dyslexic Edge will bill SUFS directly for monthly tutoring at the rate stated \$1,600 per month.

*If the funds aren't available for any given month, default to Option 2.

Option 2: Self Pay

*The rate of \$1,600 is due each month by the 10th. Credit card payments have a 3% fee of (\$47.84) which will be added to the charge, for a total monthly bill of \$1,647.84

*There is no fee if paying with cash or check

*Payments received after the 10th of the month will include a late fee of \$25

(You may choose Option 2 and submit for reimbursement through your scholarship.)