



### School Registration Form

#### School Information

School Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

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

How many Classrooms Total: \_\_\_\_\_ How Many Students: \_\_\_\_\_ How many Before/After Students: \_\_\_\_\_

Director/Owner Name: \_\_\_\_\_

Does your school have multiple locations? YES  NO  Graduation will be held at your school YES  NO

If multiple locations exist, will you request programs for all locations? YES  NO  If no, explain? \_\_\_\_\_

Will your school be ready for literacy program commencement by September school yr. YES  NO

If no, explain: \_\_\_\_\_

#### Program Payment Plans

\_\_\_\_\_

\_\_\_\_\_

