

**College Application Summer Workshop Registration Form**

# Date: \_\_\_\_\_\_\_\_\_\_\_\_

# Contact Information

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| Student’s Last: Student’s First: Middle Initial: |
| Home Address: City: State: ZIP:  |
| Home Phone #: |
| Mother’s Name: |
| Father’s Name: |
| Student’s Cell Phone #: |
| Mother’s Cell Phone #: |
| Father’s Cell Phone #: |
| Student’s Email Address: |
| Mother’s Email Address: |
| Father’s Email Address: |
| Emergency Contact (Name/Phone #): |
| How did you hear about our program? |

## Academic Information

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| Student’s Home School: |
| School Address: City: State: ZIP:    |
| Student’s Approximate GPA: |
| Does your child have an Individualized Education Program (IEP)? If so, please indicate the student’s special needs. |
| Did your child take AP English Language, Literature, or another advanced English course? If so, please indicate/estimate the grade for each. |

## Extra-curricular Activities:

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| List all clubs/teams/organizations, work/volunteer experience, positions held, etc.: |

## College Readiness

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| List all possible college/university choices (Please rank them in order of preference if possible): |

**Select the workshop below for which you would like to register.**

 **Session 1: Tuesday & Wednesday, August 9 and August 10**

 **Session 2: Tuesday & Wednesday, August 23 and August 24**

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| **Fees** |
| **Session 1:** $525.00 |
| **Session 2:** $525.00 |

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| Please complete the form and email it to LITE at pbrower19@gmail.comOr, you can mail your completed registration form to the address below:Long Island Tutoring and Enrichmentc/o Paul Brower931 Walt Whitman Road, 2nd floorMelville, New York 11747 |
| We will contact you after your registration is complete. LITE4 |
| If you have any questions, feel free to contact us:Paul Brower’s cell: (516) 317-0525 Paul Brower’s email: pbrower19@gmail.com |