

**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.com](mailto:pbrower19@gmail.com)  Or, you can mail your completed registration form to the address below:  Long Island Tutoring and Enrichment  c/o Paul Brower  931 Walt Whitman Road, 2nd floor  Melville, 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](mailto:pbrower19@gmail.com) |