



Student Registration Form

PLEASE PRINT

Student Name _____

Today's Date _____

School _____

GPA _____ Year of Graduation _____

Student Address _____

Date of Birth _____

Test Scores:

Student Phone _____

PSAT _____

Student Email _____

SAT _____

ACT _____

Students Curriculum Includes:

_____ College Prep _____ Honors Classes _____ AP _____ IB _____ College

Mother's Name _____

Mother Email _____

Mother Phone (C) _____ (H) _____ (O) _____

Mother Address _____

Mother's Occupation / Company _____

Position _____

Father's Name _____

Father Email _____

Father Phone (C) _____ (H) _____ (O) _____

Father Address _____

Father's Occupation / Company _____

Position _____

Sibling Name(s) _____ DOB _____ Grade _____

Sibling Name(s) _____ DOB _____ Grade _____

Sibling Name(s) _____ DOB _____ Grade _____

Person Responsible for Billing & Payment _____

Phone Number _____ CA Driver's License Number _____



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How did you hear about us?

Parents: Are there any serious health issues we should be aware of?

Please indicate any special learning differences which will help us understand your student's approach to learning:

- AD/HD (Hyperactive type) AD/HD (Inattentive Type) Dyslexia
 Dyscalculia Dysgraphia Auditory Processing Disorder
 Visual Processing Disorder Nonverbal Learning Disorder Asperger Other

If so, what accommodations are being used?

Does your student have an IEP or 504 plan?

Is there anything else you think would be helpful for us to know about your student?

Please bring:

- Transcripts
 Standardized Test Reports (PSAT, PLAN, ACT, SAT, etc)
 Psychoeducational Evaluations, if applicable
 IEP or 504 Plan, if applicable
 Recent photo

OFFICE USE ONLY:

CC-SAT/ACT _____

CC Program _____

CC-Hourly _____

SAT/ACT _____

AC Program _____

Subject Tutoring _____

Support Program _____

Counselor: _____