



Marian Program **New** Registration for 2015-2016 School Year

Student Name _____ Grade (2015-16) _____

Parent/Guardian name(s) _____

Preferred Phone Number(s) _____

Preferred E-mail: _____

Where and when was student tested? _____

Diagnosis/learning difference: _____

***Please include a copy of your child's most current evaluation with this registration form.**

What do you see as your child's greatest strengths? _____

What do you see as your child's greatest needs? _____

Do you want your child to opt out of Spanish and attend academic support? Yes No

Do you want your child individually tutored during the school day, if possible? Yes No
(Individual tutoring payments begin in September and are paid directly to the tutor.)

If your child is currently being tutored, please complete the following:

- Name/contact info. of current tutor _____
- How often and in what areas is your child tutored? _____

Payment (check one): _____ \$1000 in full by June 1 **or** _____ add \$1000 to FACTS payments

On the back of this paper, please briefly describe your reasons for enrolling your child in the Marian Program and your expectations for your child's progress in the coming school year.