For office use only:	Received:	Payment:	Van: Transportation Slip
THE PRIVETT ACADEMY Tutoring and Course for Credit Registration 2015-2016			
All sections must be filled out.			
Student's Legal Name:	Date	of Birth:	
Custodial Parent(s):	Home F	hone:	
	Home Phone:		
Father's cell #			
Father's work #			
Father's e-mail			
Student's e-mail	Student's cell #		
Home address(es):			
If you have listed more than one custodial parent above the event of an emergency or non-attendance.	e, please identify who we	should conta	act first & the contact # in
Emergency medical information:			
BILLING INFORMATION: List person responsible for payment.			
Name:Phone:			
Check one:invoice monthly orinvoice quarterly			
Send invoices by mail - mailing address:			
Send invoices by e-mail - e-mail address:		<del></del>	
Grade in School for 2015-2016: 9 <sup>th</sup> 10 <sup>th</sup> 1		Specify	_
Current school attending:		Specify	
I am interested in:  O Course for Credit Course(s) interested in take Course duration:  Check preference: ndividual session	First semester on Shared session	Second ser Group ses	mester sion (3 or more students)
Request of days or open periods (if known):			
WILL STUDENT NEED PRIVETT VAN TRANSPORTAT	TION DURING THE DAY	? YES	NO
O Tutorial Support Subject(s) needing tutori	al support:		
List number of tutoring sessions per week & day/time req	uests:		
Teacher preference: 1 2	3		
The following is required before a stude	nt can be scheduled and serv	ices can be pro	vided:
O A non-refundable registration fee of \$200			
O Tutoring and Course for Credit Registration Form			
O Transportation Permission Slip (for students taking the van)			
Please make check payable to: The Privett Academy P.O. E Questions? E-mail: <u>the</u>	Box 42 Mercer Island, WA privettacademy@yahoo.con		232.0059