

**APTITUDE ACADEMIC SERVICES
ENROLLMENT FORM**

STUDENT INFORMATION

DATE:

LAST NAME

FIRST NAME

DATE OF BIRTH

MALE / FEMALE

GRADE

CELL PHONE

EMAIL

POWERSCHOOL INFO (ACCOUNT/PASSWORD) if relevant:

PARENT INFORMATION

MOTHER'S NAME

FATHER'S NAME

PRIMARY CONTACT

MAILING ADDRESS

CITY

ZIP

BILLING ADDRESS (IF DIFFERENT FROM MAILING)

CITY

ZIP

LOCAL ADDRESS (IF VISITING)

CITY

ZIP

HOME PHONE

MOTHER'S PHONE

FATHER'S PHONE

MOTHER'S EMAIL

FATHER'S EMAIL

Emergency Contact

Relationship to Student

SCHOOL INFORMATION

SCHOOL NAME

SCHOOL PHONE

ACADEMIC COUNSELOR

CURRENT COURSE WORK and INSTRUCTOR NAME

*Payment is expected at the time of service.

*Please cancel 24 hours in advance of scheduled session.

*Appropriate student behavior is expected during instructional sessions.