

# Academic Learning Center

## Enrollment Application



Today's Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Date/Grade entered TCA: \_\_\_\_\_ Previous School: \_\_\_\_\_

Describe your child's academic progress (attach additional page if necessary-grades, strengths, weaknesses, when difficulty first became noticeable):

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Previous special help programs and results:

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Does your child currently receive outside tutoring? \_\_\_\_\_

If so, by whom? \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What subject(s)? \_\_\_\_\_

Would you be in favor of outside tutoring if needed? \_\_\_\_\_

What extracurricular activities and /or sports is your child involved in?

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Please explain why you desire for your child to be enrolled in the Academic Learning Center.

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Is your child currently taking any medication? \_\_\_\_\_

If yes, please indicate medication and frequency. \_\_\_\_\_

Does your child have current testing documenting specific learning disability and/or attention deficit disorder? \_\_\_\_\_

If so: Name of evaluator: \_\_\_\_\_

Date of testing: \_\_\_\_\_

Child's age and grade at time of testing: \_\_\_\_\_

Diagnosis (es): \_\_\_\_\_

**In order to be considered for admission into the Learning Center, parents must submit the full battery of testing that has been administered by a qualified diagnostician within the last three years.**

## **Program Cost**

The cost for participation in the program is \$1800 (\$200/month, Sept.-May) for the 2014-15 academic year. This cost will be billed to your account by the TCA Business Office. Please contact that office to make arrangements for payment at (817) 441-5897.

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**Parent Signature**

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**Student Signature**

For additional information, please contact Kathy Haxel at 817-441-5897 or by email at [haxel@tcaeagles.org](mailto:haxel@tcaeagles.org)