

For office use only: \_\_\_\_\_ Received: \_\_\_\_\_ Payment: \_\_\_\_\_ Van: \_\_\_ Transportation Slip \_\_\_

**THE PRIVETT ACADEMY**  
Tutoring and Course for Credit Registration  
2011-2012

All sections must be filled out.

**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Custodial Parent(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Dad's cell # \_\_\_\_\_ Mom's cell # \_\_\_\_\_ Student's cell # \_\_\_\_\_

Dad's work # \_\_\_\_\_ Mom's work # \_\_\_\_\_

Dad's e-mail \_\_\_\_\_ Mom's e-mail \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Home address(es): \_\_\_\_\_

**List ONE (1) name and contact # for where to call for non-attendance or emergency.**

\_\_\_\_\_

**Emergency medical information:** \_\_\_\_\_

**BILLING INFORMATION: List person responsible for payment.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_

Billing e-mail: \_\_\_\_\_

**Grade in School for 2011-2012:**      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>      or Other \_\_\_\_\_  
Specify

**I am interested in:**

**Course for Credit**    Course(s) interested in taking \_\_\_\_\_

Course duration:      Full year      First semester      Second semester

**WILL STUDENT NEED PRIVETT VAN TRANSPORTATION DURING THE DAY?**      **YES**      **NO**

**Tutorial Support**    Subjects needing tutorial support: \_\_\_\_\_

How many tutoring hours and sessions per week? \_\_\_\_\_

**Request of days or open period (if known):** \_\_\_\_\_

**The following is required before a student can be scheduled and services can be provided:**

- A non-refundable registration fee of \$200**
- Tutoring and Course for Credit Registration Form**
- Transportation Permission Slip (for students taking the van)**

Please make check payable to: The Privett Academy    P.O. Box 42    Mercer Island, WA    98040  
Questions? E-mail: [theprivettacademy@yahoo.com](mailto:theprivettacademy@yahoo.com) or call: 206.232.0059

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