

**The Dyslexia Association of the Pennyrile**  
**STUDENT APPLICATION**

Application for: \_\_\_ Monday P.M. Program \_\_\_ Summer Program COUNTY: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Age: \_\_\_ PH: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ PH: \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ PH: \_\_\_\_\_

May be Located At: \_\_\_\_\_ PH: \_\_\_\_\_

Is either parent in the military or employed at Fort Campbell? \_\_\_NO \_\_\_YES Who \_\_\_\_\_

Has applicant been diagnosed as dyslexic, attention deficit disorder, or as having some other type of learning disability? \_\_\_NO \_\_\_YES (Please attach testing results and diagnosis)

If yes and you do not have the test results and diagnosis, please print the testing facility name, date of testing and address or phone number of facility.

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Thereby make application to The Dyslexia Association of the Pennyrile for its Tutorial Program. I shall not hold the Association, any individual within the Association, of the facility donating housing for classes responsible should injury occur to my child while a participant in the Program. I agree to assume responsibility for any property, of the facility donating housing, which might be damaged by my child.

I understand that in order for my child to enroll in the Program, I shall be responsible for a qualified tutor. Except in unusual situations, one parent must be this tutor. I understand that if I, as a tutor, find it necessary to be absent that I will secure a substitute tutor from a list supplied by the Association.

I agree to return to the Association all books and materials loaned to me.

I understand that the evaluation of my child's progress at the end of the Program may be withheld unless all fees are paid and that he/she will not be eligible to re-enter the Program the following semester unless all fees are paid.

\_\_\_\_\_ I will be a tutor \_\_\_\_\_ I will need to hire a tutor

**Household Income**

Please check appropriate box below:

(Income box added at United Way request.)

\$0-\$9,999
\$10,000-\$14,999
\$15,000-\$19,999
\$20,000-\$24,999
\$25,000-\$49,999
\$50,000 or more
Unknown
Total

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO: The Dyslexia Association of the Pennyrile  
3000 CANTON STREET SUITE 4 D, HOPKINSVILLE, KY 42240