



2019-20 Tuition and Fees:
 Enrollment Fee: **\$500** (non-refundable)
 Core Tuition: **\$7,500**
 Baseline Testing: **\$100***

Location:
 Heights Baptist Church
 1220 S 49th St
 Temple, TX 76504

Mailing Address:
 P.O. Box 1217
 Temple, TX 76503
 254.307.8267(TAMR)
 www.TAMRAlearning.com

**Baseline testing is non-refundable - due at time of service*

Application for Admission

Student name & information

First Name	MI	Last Name	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Current Address		City	State
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Grade Completed 2018-19	Date of Application	Current Age	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Parents or Guardians with whom the applicant lives

Parent/Guardian #1 - First Name	MI	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Home Phone	Cell Phone	Day Phone	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Current Employer	Employer Phone	Employer Fax	Length of Time
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email			
<input style="width: 95%;" type="text"/>			
Parent/Guardian #2 - First Name	MI	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Home Phone	Cell Phone	Day Phone	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Current Employer	Employer Phone	Employer Fax	Length of Time
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email			
<input style="width: 95%;" type="text"/>			

Emergency Contact Information (please provide two)

Emergency Contact #1 - First Name	MI	Last Name		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Current Address		City	State	Zip
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone	Cell Phone	Day Phone		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

Emergency Contact Information (continued)

Emergency Contact #2 - First Name

MI

Last Name

Current Address

City

State

Zip

Home Phone

Cell Phone

Day Phone

Please describe the applicant's strengths and learning needs in the following areas

Phonics

Reading comprehension

Spelling

Handwriting

Essay Composition

Memory for math facts (addition, subtraction, multiplication, division)

Understanding of math concepts (such as knowing how to add or multiply)

Solving word-problems

Science

Social Studies/History

Learning challenges

Does the student have a diagnosed learning difference? If yes, please check all that apply.

- Dyslexia Dysgraphia Dyscalculia Auditory Processing Disorder Language Processing Disorder
 Autism Spectrum Disorder Other

If Other, please describe:

Does the student have ADHD

- Yes No

Applicant's physician/pediatrician

Physician - First Name

MI

Last Name

Current Address

City

State

Zip

Office Phone

Emergency Phone

Does the applicant take prescribed medication for attention/focus/activity mood level? If yes, please specify the name of the medication and times administered

Other professionals who have worked or are working with applicant (speech/language pathologists, psychologists, counselors, etc.) Please be thorough.

Has the applicant had any history of experimentation with drugs or alcohol? If yes, please explain.

Does the applicant have any condition which might interfere with his/her full participation in all aspects of TAMRA Learning Academy (including but not limited to classwork, field trips, physical activities, etc.)? If so, please explain.

Does the applicant have any food allergies? If so, please identify in detail.

Applicant's current school information

School Name

Address

City

State

Zip

Office Phone

Emergency Phone

Present Teachers

First Name	Last Name	Subject

Other schools previously attended

School Name	State	Grade level(s)	Reason for Leaving

Has the applicant repeated a grade? If yes, which one?

Has the applicant skipped a grade? If yes, which one?

Please describe any tutoring the applicant has had, including dates.

When did you first become aware of a problem in school?

Please state your expectation of TAMRA Learning Academy and its possible work with your student

The involvement and support of each student's family is an integral part of TAMRA Learning Academy and is critical to our success. TAMRA is committed to working as a team consisting of student, teachers and parents to provide every opportunity for success. Parents will be asked to contribute time and talent at various times during the school year. Please make sure you understand the commitment we ask of parents prior to submitting this application.

My signature is an acknowledgement that the information I have presented is an accurate representation of the applicant's learning challenges, academic history and medical history. I understand that any misrepresentation may result in the student being dismissed from the TAMRA Learning Academy and tuitions paid will be forfeited.

Parent or Guardian #1 Signature

Date

Parent or Guardian #1 Printed Name

Parent or Guardian #2 Signature

Date

Parent or Guardian #2 Printed Name