



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

**Program Cost:**  
 Registration Fee - \$100  
 Summer Tuition - \$500

**Location:**  
 2027 S 61st Street  
 Suite 125  
 Temple, TX 76504

Rev. 3/2021

**Summer Schedule:**  
 June 7 - June 30  
 Monday through Thursday: 8:00am - 12:00pm

## Application for TAMRA Learning Academy Summer Tutoring Program

### Student name & information

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
<b>Current Address</b>		<b>City</b>	<b>State</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Grade Completed 2018-19</b>	<b>Grade Anticipated to Enter 2019-20</b>	<b>Current Age</b>	<b>Gender</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

### Parents or Guardians with whom the applicant lives

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

### Emergency Contact Information (please provide two)

<b>Emergency Contact #1 - First Name</b>	<b>MI</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current Address</b>		<b>City</b>
<input type="text"/>		<input type="text"/>
<b>State</b>	<b>Zip</b>	
<input type="text"/>	<input type="text"/>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Day Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Emergency Contact #2 - First Name</b>	<b>MI</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current Address</b>		<b>City</b>
<input type="text"/>		<input type="text"/>
<b>State</b>	<b>Zip</b>	
<input type="text"/>	<input type="text"/>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Day Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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  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

We understand that family vacations frequently occur during the summer and students can sign up for specific weeks that work with your schedule. Please check the days/weeks you would like your child to attend.

June 4  June 6,  June 11  June 13,  June 18  June 20,  June 25  June 27

My signature is an acknowledgement that the information I have presented is an accurate representation of the applicants learning challenges. I understand that any misrepresentation may result in the student being dismissed from the TAMRA Learning Academy Summer Tutoring Program and tuitions paid will be forfeited.

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Parent or Guardian #1 Signature

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Date

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Parent or Guardian #1 Printed Name

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Parent or Guardian #2 Signature

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Date

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Parent or Guardian #2 Printed Name