



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

Program Cost:
 Registration Fee - \$100
 Summer Tuition - \$700

Location:
 2027 S 61st Street
 Suite 106
 Temple, TX 76504

Rev. 1/2023

Summer Schedule:
 June 5 - June 29, 2023
 Monday through Thursday: 8:00am - 12:00pm

Application for TAMRA Learning Academy Summer Tutoring Program

Student name & information

First Name	MI	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Current Address		City	State
<input type="text"/>		<input type="text"/>	<input type="text"/>
Grade Most Recently Completed	Grade Anticipated for Upcoming Year	Current Age	Gender
<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

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

Emergency Contact Information (please provide two)

Emergency Contact #1 - First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		City
<input type="text"/>		<input type="text"/>
State	Zip	
<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Day Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #2 - First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		City
<input type="text"/>		<input type="text"/>
State	Zip	
<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Day Phone
<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 weeks you would like your child to attend.

June 5-8 June 12-15 June 19-22 June 26-29

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.

Parent or Guardian #1 Signature

Date

Parent or Guardian #1 Printed Name

Parent or Guardian #2 Signature

Date

Parent or Guardian #2 Printed Name