

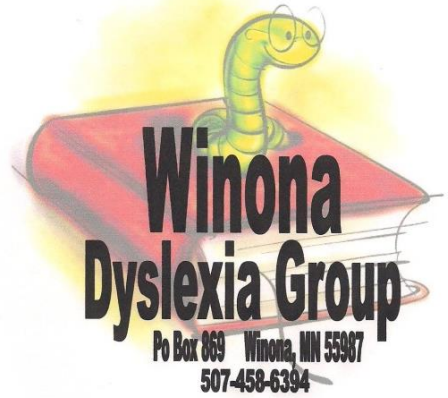
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Student Registration Form



Please Print Clearly

Go



the

Student Name _____

Age _____ DOB _____ Grade entered in fall 2015 _____

Name of School _____

Name of Parent(s) or Guardian(s) _____

Address _____

E-mail _____

Phone(s) _____

Sat

Cat

Dog

House

Please provide the students' schedule-include the times and days they will be available for tutoring.

M _____

T _____

W _____

TH _____

F _____

S _____

Everyone can read! We can help make it happen for your child.



Please return this form to:
The Winona Dyslexia Group
PO Box 869
Winona, MN 55987