

Office Use Only

Date Application Received:
Date Application Processed:
Follow Up Date:



Application for 2019 Academic Summer Program Services

Worried about the academic summer slide? Does your child struggle with reading or math? LDA Minnesota is excited to offer two-week small group summer sessions throughout the 2019 summer months.

Date _____ / _____ / _____

Client Name _____

Date of Birth _____ Female Male Client Grade (2019-2020) _____

Parent Name (if applicable) _____

Home Street Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Best Method of contact: Phone Email Other: _____

Early Bird registration: \$800 (ends March 31st), after March 31st \$900.

Session for which you are applying:

- Session 1: July 8-12 and July 15-19
- Session 2: July 22-26 and July 29-August 2
- Session 3: August 5-9 and August 12-16
- Session 4: August 19-23 and August 26-30

Please provide the following information as fully as possible. The more information you can provide, the better LDA will be able to meet your programming needs.

Please describe the purpose of your tutoring/EFSB request. If more information or clarification is required, you will be contacted by LDA staff.

Have you been assessed for a learning disability, ADHD, or an other condition that affects learning?

If yes, what were the results? _____

Please attach any documents (IEP, 504 Plan, etc.) you would like reviewed by LDA staff prior to your visit.

Schools attended:

<u>School Name</u>	<u>City/State</u>	<u>Grade Levels</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about LDA Minnesota? (Please check)

- Friend Teacher Counselor Yellow Pages Website Other

If Other, please indicate source: _____

If you wish, please indicate your ethnicity. This data is used anonymously for reporting to program funders.

- African American Asian American European American Latino/Hispanic American
 Native American Multi-racial Other _____

By signing below, you give permission to LDA staff to review any documentation related to LDA services that you have provided to this office.

Signature: _____

Date: _____

Return this application to:
LDA Minnesota
6100 Golden Valley Road
Golden Valley, MN 55422
Fax: 952.582.6031
Email info@ldaminnesota.org

Thank you for your interest in LDA services. We look forward to working with you.