



LITERACY CENTER

Application

Student Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Name student prefers to be called: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Attending: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child been a participant at Capstone Literacy Center before? No Yes
If yes, when?

How would you best describe the participant's current reading level and skills?

Briefly describe any special needs of the child or details that may assist us in best serving this participant.

Can you provide any data such as IEPs or standardized test scores? No Yes
If yes, what data will you provide?

Please email this information to:
Christie Skilbred
cskilbred@coughlancompanies.com