



DOMINICAN ACADEMY

Where Smart Girls Become Intelligent Women

TACHS/HSPT PREP 2019

Student Name: _____

Address: _____

Street

Apt #

City

State

Zip Code

Current School: _____ Grade as of Fall 2019: _____

Are you interested in learning more about admission to Dominican Academy? Yes No

I would like to register my child in the following session(s) of TACHS/HSPT Prep:

Session One—August 5th to August 9th, Monday to Friday, 9 AM to 12 PM

Session Two—August 12th to August 16th, Monday to Friday, 9 AM to 12 PM

The cost for the program is as follows—any one week: \$300 and any 2 weeks: \$550. The full cost of the session(s) selected must be returned with this registration form to secure your child's space. All checks must be made payable to "Phil Gillen." Payments are fully refundable until July 1, 2019.

Student lives with: Both parents Father Mother Guardian

Parent 1's Name: _____ Parent 2's Name: _____

Parent 1's Cell: _____ Parent 2's Cell: _____

Work Phone: _____ Work phone: _____

Parent 1's Email: _____ Parent 2's Email: _____

EMERGENCY CONTACT:

Name: _____ Relation to student: _____

Phone: _____ Primary Care Physician Name/#: _____

Please indicate any unusual medical history, medications, or allergies: _____

I am enclosing the full amount for the cost of the TACHS prep course as a check made out to "Phil Gillen." I understand that this payment is required to reserve my child's space. This payment is fully-refundable until July 1, 2019.

Parent/Guardian Signature: _____ Printed Name: _____