



LYDIAN ACADEMY

## **GROUP CHEMISTRY REGISTRATION FORM - SUMMER 2010**

Return by Fax: 650-321-0660, mail or drop-off: 815 El Camino Real, Menlo Park 94025

**Welcome to HIGH SCHOOL** Chemistry at Lydian Academy, where class enrollment is limited to 15 students. Enroll now to reserve your place!

**WE EMPHASIZE ACADEMIC EXCELLENCE:** In the Lydian culture, where students come first, we hope you will enjoy Chemistry and build a strong foundation for moving on. Join us in our small class with exceptional instruction this summer!

**COURSE DATES/TIMES:** (if class dates are not convenient for you, consider a custom schedule in our One-To-One program).

Course meets: 8:00 AM – noon, Mon. – Fri.

Dates: Semester 1: June 14 – July 2; Semester 2: July 6 – July 23;

### **TUITION AND FEES:**

Early Bird Registration: \$685/semester for signups before March 31,  
\$715/semester for sign-ups after Early Bird deadline.:

Lab fee: \$55/semester;

One time registration fee: \$50;

Consumable workbooks: \$35.

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### **TRANSFERRING CREDITS TO YOUR SCHOOL**

We advise you to seek permission from your school if you want Lydian credits listed on your school's transcript. If you are seeking permission from your school, we advise you to start NOW to obtain the appropriate signatures to avoid delays in processing your enrollment.

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### **RECOMMENDED PRE-REQUISITES**

Passing grades in Algebra 1 is a recommended pre-requisite for this course. We understand that not all students meet pre-requisites, but many can still succeed with hard work and extra support. We are happy to talk with you about your student's skills for successfully completing the course.

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**WHAT'S NEXT?** Upon receipt of your complete registration form, we will send you an email with further instructions for finalizing your enrollment.

**PLEASE COMPLETE NEXT PAGE.**



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**STUDENT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPECIAL EDUCATION DESIGNATION(Check One):  IEP  504  None  Don't Know

REASON FOR TAKING COURSE:

Accelerate  Repeat  Make up credit deficiencies  Enrichment or course preview (no credit)

Other \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BILLING

ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**OTHER CONTACT INFORMATION (OPTIONAL)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

**SEMESTER SELECTION**

**Please check the box below that applies.** Students enrolling in both semesters will be given priority consideration. However, we have reserved a few spots for those who wish to enroll in just one semester.

I am enrolling in Semester 1 AND Semester 2

I am enrolling in Semester 1 ONLY

I am enrolling in Semester 2 ONLY