



Lydian Academy, LLC
REGISTRATION FORM – SUMMER 2008

STUDENT INFORMATION

Today's Date: _____

Student Last Name	Student First Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthday:	School:	Grade:
Student Phone #: ()	Student Email:		<input type="checkbox"/> IEP	<input type="checkbox"/> 504	
			<input type="checkbox"/> None		

PRIMARY PARENT/GUARDIAN INFORMATION

Last name:	First name:	Relationship to student:		
Phone: ()	Street Address:	City:	Zip:	
Email:	How did you hear about us?			

1. What is the earliest date you can start? _____
2. List any dates when you will NOT be here: _____
3. Do you prefer morning or afternoon? No Preference Morning Afternoon
4. Why are you taking this course? _____

5. If you are repeating, what grade did you get the first time? _____
6. Please list previous grades/classes in this subject: _____

Please check course(s) and semester(s) for which you want to register. (**S1**=Semester 1, **S2**=Semester 2):

a - HISTORY		
Government	<input type="checkbox"/> S1	<input type="checkbox"/> S2
US History	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Western Civilization	<input type="checkbox"/> S1	<input type="checkbox"/> S2
World History	<input type="checkbox"/> S1	<input type="checkbox"/> S2

d - SCIENCE		
Biology	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Chemistry	<input type="checkbox"/> S1	<input type="checkbox"/> S2
AP Chemistry	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Physics	<input type="checkbox"/> S1	<input type="checkbox"/> S2

b - ENGLISH		
Genre in Lit. grade 9	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Lang&Comp, grade 10	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Amer. Lit, grade 11	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Lit & Comp, grade 12	<input type="checkbox"/> S1	<input type="checkbox"/> S2

e - WORLD LANGUAGES		
Mandarin 1, 2, 3, 4	<input type="checkbox"/> S1	<input type="checkbox"/> S2
AP Chinese	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Spanish 1, 2, 3	<input type="checkbox"/> S1	<input type="checkbox"/> S2

c - MATH		
Algebra 1	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Geometry	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Algebra 2	<input type="checkbox"/> S1	<input type="checkbox"/> S2
PreCalculus	<input type="checkbox"/> S1	<input type="checkbox"/> S2

f -VISUAL/PERFORMING ART		
20 th Cent. Music	<input type="checkbox"/> S1	<input type="checkbox"/> S2
Music Theory	<input type="checkbox"/> S1	<input type="checkbox"/> S2

g - COLLEGE PREP ELECTIVE		
Economics	<input type="checkbox"/> S1	<input type="checkbox"/> S2

Instruction is 1-1 or semi-private and we create schedules on a rolling basis. We will contact you shortly with your schedule. Feel free to call our office at **650-321-0550** with any questions. FAX OR MAIL THIS FORM TO: