



LYDIAN ACADEMY

2011-12 Course Application - Supplemental Program Use this form to register for a high school courses at Lydian

Student Information

Full Name: _____ Date of Birth: _____
Last First

Gender: Male Female Email: _____

School: _____ Graduation Year: _____

Special Education Designation: IEP 504 None Don't Know

Reason for Taking Course: Accelerate Repeat Preview Other _____

What would you like us to know about your student's academic history and learning style?

Primary Parent / Guardian Information

Full Name: _____ Relation: _____
Last First

Primary Phone: _____ Secondary Phone: _____

Email: _____

Billing Address: _____

How did you hear about us? _____

Course Information

Course Name: _____
(See course list on web.) Full Course: Both Semesters Semester 1 Only Semester 2 Only

List recent courses & grades in subject area: _____

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When Can We Schedule Your Classes?

On the chart below, please cross out times when you **cannot** come to Lydian for your classes.

Please be as broad as possible in indicating your availability. The more openings you give us, the sooner we will be able to match you with the perfect instructor.

When Can You Start? (date): _____

Other Schedule Considerations: _____

What Happens Next?

1. We receive your application (pages 1 and 2) by fax, US mail, or walk-in.
2. We contact you shortly with customized Enrollment Packet.
3. You return the completed packet to finalize your enrollment.

We look forward to seeing you!

From	To	Mon	Tue	Wed	Thu	Fri
8:00	8:30					
8:30	9:00					
9:00	9:30					
9:30	10:00					
10:00	10:30					
10:30	11:00					
11:00	11:30					
11:30	12:00					
12:00	12:30					
12:30	1:00					
1:00	1:30					
1:30	2:00					
2:00	2:30					
2:30	3:00					
3:00	3:30					
3:30	4:00					
4:00	4:30					
4:30	5:00					
5:00	5:30					
5:30	6:00					
6:00	6:30					
6:30	7:00					
7:00	7:30					
7:30	8:00					
8:00	8:30					
8:30	9:00					