

# Additional Student Membership Form

(Complete one form per student. Please photocopy more if needed.)

## Student Details

Customer Code	
Full Name	
Preferred Name	
Date of Birth	Gender
Country of Birth	Nationality

## Membership Details

Commencement of membership?	Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	Term 3 <input type="checkbox"/>	Term 4 <input type="checkbox"/>	ASAP <input type="checkbox"/>
What service level will this student be on?	Basic <input type="checkbox"/>	Advanced <input type="checkbox"/>			

## Payment Details

Diagnostic Testing (\$50) <input type="checkbox"/>	Reading Readiness (\$15) <input type="checkbox"/>	<i>Annual Membership fees will be adjusted accordingly</i>
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## Schooling Details

Last Grade completed	What year was the last grade completed?
Last school attended	
Did the school use ACE curriculum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evaluate progress in child's previous work: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	Reading Level: <input type="checkbox"/> Non-reader <input type="checkbox"/> Poor reader <input type="checkbox"/> Average reader <input type="checkbox"/> Confident reader
Has your child been diagnosed as having learning difficulties or a learning disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details.	
Any other comments?	