
Impact Ministries

Student Registration

School Site: _____

Student Information:

Student's Name: _____ Date: _____

Address: _____

Phone: Hm. (____) _____ Wk. (____) _____

Student's Teacher: _____ Grade: _____

IMPACT help for:

___ Reading ___ Math ___ Study Skills ___ Attention Deficit

___ Perception ___ Other: _____ ___ Watch & Consult
(no pull-out from
class; monitoring
only & observation)

IMPACT :

I would like to register my child into the IMPACT Ministries. I would like to register my child for:

___ IMPACT Study Hall

___ Elementary Pull-Out Program (POP) Services for:

___ 1 hr. /wk.

___ 2 hrs./wk.

___ 3 hrs./wk.

___ 1 ½ hrs. /wk.

___ 2 ½ hrs./wk.

___ "Watch & Consult"

IMPACT Fees:

I am aware of the fee schedule for the services I desire, and will pay for these quarterly services by the 10th of each month in addition to my tuition fees.

Parent Signature: _____

Date: _____