ARDE ACADEMY TUTORING

REGISTRATION FORM – SCHOOL YEAR 2025-2026

ALL TUITION AND FEES ARE NON-REFUNDABLE

Please complete all areas below. Incomplete requests may be rejected.

Student Name:_____ **Birth Place** _____

Current School: _____ **OR** **Home School Current curriculum:** _____

Grade Entering 25-26 _____ **Birthdate :**_____ **Scholarship:** _____

Student Name:_____ **Birth Place** _____

Current School: _____ **OR** **Home School Current curriculum:** _____

Grade Entering 25-26 _____ **Birthdate :**_____ **Scholarship:** _____

Parent or Guardian: _____

Daytime Phone: _____ **Email Address:** _____

Address: _____ **City:**_____ **State:**_____ **Zip:** _____

Comments: (Please share any important information to consider in our evaluation of your students application)

_____

_____

*After submitting your application, a payment link will be send to the email provided.
Your application will only be processed once payment has been received*

Parent Signature: Date:

For Office use ONLY. Reason: _____

Approved ☐ Denied ☐

_____