

the grade



The Grade Registration Form

Name of Participant:	
Father's Name:	
Mother's Name:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
School:	
Grade:	
Date of Birth:	

Announcements for *The Grade* and related activities are sent via email to both parents and participants.

Parent's Email:	
Participant's Email:	

Should the need arise, permission is granted to provide medical assistance to my son.

Signature of parent / legal guardian:	
Date of signature:	

Please enclose check for \$375

(Early Bird Registration: \$320 for applications received by August 30, 2010).

Financial considerations should not prevent anyone from attending. A scholarship may be requested.

Send this application and check payable to
Overlook Study Center by **September 13, 2010** to:

Overlook Study Center
99 Overlook Circle
New Rochelle, NY 10804