

SAADHANA Scholastics Math Tutoring Program
Student Registration Form

Name of Student: _____
(First _____ M.I. _____ Last)

Date of Birth: _____ Age: _____

Current School Name: _____

Grade in School: _____ Grade in Saadhana Math Program _____

Name of Father: _____
(First _____ M.I. _____ Last)

Name of Mother: _____
(First _____ M.I. _____ Last)

Telephone #: _____

E-Mail: _____

Emergency Contact Information:

Name & Relationship: _____

Telephone #: _____

Please Read the information below and sign:

- Visit our website www.mallikamathplano.com for information regarding:
 - Make-up for missed classes
 - Extra help with homework
 - List of class holidays and important Announcements

Tuition Fees:

- Make checks payable to Mallika Ramachandran.
- The tuition fees are non-refundable

Students are REQUIRED to attend at least 75% of the classes.

The teacher reserves the right to reschedule classes occasionally for personal reasons.

Signature: _____ Date: _____