



# MOUNT LEBANON ACADEMY

Personalized Educational Experiences

P.O. Box 10357  
Pittsburgh, PA 15234

# REGISTRATION FORM

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ School District: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**All tutorial fees are pre-paid and *must* accompany the registration form.  
(Tuition fee schedule reverse side)**

SUMMER SESSIONS	ACADEMIC YEAR
<i>Session I, Session II &amp; III</i> <i>Classes meet 2 times for 3 weeks</i>	<i>Classes meet M-T-W-Th</i> <i>Students usually attend once weekly.</i>
<input type="checkbox"/> <b>GROUP CLASS</b> (Note course # below)	<input type="checkbox"/> <b>GROUP CLASS</b> (Note course # below)
<b>TUTORIAL</b> <input type="checkbox"/> <i>Private</i> <input type="checkbox"/> <i>Semi-Private</i>	<b>TUTORIAL</b> <input type="checkbox"/> <i>Private</i> <input type="checkbox"/> <i>Semi-private</i>
<b>WEEKS/DAYS</b> Session I, II and III <input type="checkbox"/> Mon/Wed OR <input type="checkbox"/> Tues/Thurs	<b>SAT PREP Session #</b> _____ <input type="checkbox"/> Weeks _____ <input type="checkbox"/> Test Date _____
<b>SUMMER SESSIONS</b> <input type="checkbox"/> Session I June 21st – July 9th (3 wks) <input type="checkbox"/> Session II July 12th – July 30th (3 wks) <input type="checkbox"/> Session III August 2nd – August 20th (3 wks)	<b>PSAT Prep</b> <input type="checkbox"/> Saturday, October 9th Workshop <input type="checkbox"/> Monday, October 11th Workshop <b>Test Date – October 16th</b>
<b>Visit our website:</b> <b><a href="http://www.mtleboacademy.com">www.mtleboacademy.com</a></b>	<b>COMPUTER KINDERGARTEN</b> Tuesday and Thursday <input type="checkbox"/> 9:30 - 11:00AM <input type="checkbox"/> 1:00 - 2:30 PM

Tutorial Subject or Course # \_\_\_\_\_

First Choice of Weekday *if not indicated* \_\_\_\_\_ Preferred Time \_\_\_\_\_

Second Choice Day \_\_\_\_\_ Time \_\_\_\_\_

Comments: *Please share any information which you feel will be helpful in planning an appropriate program for your child.*

**MAIL TO:** Mount Lebanon Academy  
P.O. Box 10357  
Pittsburgh, PA 15234

**Need More Information**  
CALL 412-563-1413  
**OR VISIT OUR WEB SITE AT**  
[www.mtleboacademy.com](http://www.mtleboacademy.com)

Check Appropriate Boxes:  New Student  Returning Student

Payment Enclosed:  Check  Money Order Amount Paid \_\_\_\_\_

### FOR OFFICE USE

Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_