



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 Tutorials Only</i> <i>Session II & III 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"/> GROUP CLASS | <input type="checkbox"/> GROUP CLASS |
| TUTORIAL (New tutorials scheduled weekly) <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private | TUTORIAL <input type="checkbox"/> Private <input type="checkbox"/> Semi-private |
| WEEKS/DAYS <input type="checkbox"/> Mon/Wed OR <input type="checkbox"/> Tues/Thurs | SAT PREP Session # _____ <input type="checkbox"/> Weeks _____ <input type="checkbox"/> Test Date _____ |
| SUMMER SESSIONS <input type="checkbox"/> Session I June 13th - July 8th <input type="checkbox"/> Session II July 11th - July 29th (3 wks) <input type="checkbox"/> Session III August 1st - August 19th (3wks) | PSAT Prep <input type="checkbox"/> Saturday, October 8th Workshop <input type="checkbox"/> Monday, October 10th Workshop Test Date - October 15th |
| <small>Mount Lebanon Academy reserves the right to cancel or combine any course. The Academy also reserves the right to make any revisions in the curriculum, instructor, location or any other phases without notice or without incurring obligations. Any course cancelled by the Academy will entitle the student to receive a full refund. Requests for withdrawals from a course must be submitted in writing no later than the 1st class period. No refunds will be issued after the class has convened.</small> | COMPUTER KINDERGARTEN 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

Check Appropriate Boxes: New Student Returning Student
Payment Enclosed: Check Money Order Amount Paid _____

| |
|--------------------------------|
| FOR OFFICE USE |
| Date Rec'd _____ Check # _____ |