



Stellar Academy for Dyslexics Summer Program

July 7 – August 1, 2025
8:45 AM to 12:00 PM



\$1,800.00

(\$600 non-refundable deposit due by June 1, 2025. The remaining balance of \$1,200 is due by/or before July 7, 2025.)

**Please mail this application to:
Stellar Academy for Dyslexics, PO Box 1319 Newark, CA 94560**

39399 Cherry St. Newark, CA 94560 * 510-742-3165 * office@stellaracademy.org * www.stellaracademy.org

This 4 week program is for current 2-8 graders. We use the Slingerland® Approach to Language Arts.

Student Name: _____ D.O.B. _____ Age: _____ Grade next Fall: _____

With whom does your child reside? Two parents Mother Father Other _____

Mother's Name _____ Father's Name _____

Child's Address: _____ City: _____ State/Zip Code: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

(more on back)

Mother's Email Address: _____

Father's Email Address: _____

Emergency Contact (if parent unavailable) Name _____ Phone: _____

Allergies? _____

Slingerland® Screened? _____ Yes _____ No Name of screener _____

Slingerland® Tutored? _____ Yes _____ No Name of tutor _____

Referred by: _____ Fall Placement? _____ Yes _____ No

Reason for enrolling: _____

Current School _____ City _____

Has your child ever had (or currently has) an IEP at a public school? _____ Yes _____ No

Has your child ever been evaluated for learning issues? _____ Yes _____ No
(If yes, please attach a copy of evaluations, screenings, or any clinical findings.)

Is your child currently receiving any special services in school or after school? _____ Yes _____ No

Does your child consistently interact with peers in an appropriate manner? _____ Yes _____ No

Does your child consistently respond to adults in a respectful manner? _____ Yes _____ No

Is your child currently taking any medications to help him/her focus? _____ Yes _____ No