

**REGISTRATION FORM**  
**FOR THE BALDRIDGE READING AND STUDY STRATEGY PROGRAM AT:**  
**OAKWOOD HIGH SCHOOL BEGINNING APRIL 6, 2020.**

Please complete, detach and mail this Registration Form with your check or money order in the amount of **\$160.00** payable to: Baldrige Reading & Study Skills, **no later than March 27, 2020.**

**Session Preference:           3:30-4:45 p.m.           5:00-6:15 p.m.           7:00-8:15 p.m.**  
***Please note: Capacity is 25 students per session. Please state your 1<sup>st</sup> and 2<sup>nd</sup> choice above.***  
***Preference will be given by earliest enrollment date.***

Student's Name \_\_\_\_\_

**Parent's Email Address** \_\_\_\_\_

Student Cell Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

(parent or student)

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check any of the following which you would like to gain from this program:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Better Comprehension   | <input type="checkbox"/> Stronger Concentration | <input type="checkbox"/> Reading Faster |
| <input type="checkbox"/> Better Note Taking     | <input type="checkbox"/> Stronger Retention     | <input type="checkbox"/> Managing Time  |
| <input type="checkbox"/> Easier Memory of Facts | <input type="checkbox"/> Higher Test Scores     | <input type="checkbox"/> Other: _____   |

Please mail to: Baldrige Reading & Study Skills, P.O. Box 560147, Macedonia, OH 44056-0147