



# AcademicEDGE

expand develop grow explore

## 2012 registration

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

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Seminar I will attend:

**August 6-17, 2012 • \$1450**

High School Study Skills

Middle School Study and Writing Skills

Do you currently attend?  Public School  Private School

Grade in FALL 2012:  6  7  8  9  10  11  12

*Please have the student write a brief description of what he/she hopes to gain from this program.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX this form with AMEX • DISCOVER • MC • VISA information to 978.236.3371  
OR**

**MAIL this form with payment to:**

**AcademicEDGE • Attn: Colleen Kelleher • P.O. Box 227 • Prides Crossing, MA 01965-0227**

Check enclosed for \$1450 (2-week seminar, August 6-13) made payable to *Landmark School*

AMEX  DISCOVER  MC  VISA

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### QUESTIONS?

email: [academicedge@landmarkschool.org](mailto:academicedge@landmarkschool.org) • phone: 978.236.3257  
[www.landmarkschool.org/academicedge](http://www.landmarkschool.org/academicedge)