**Course Registration Form**

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| --- | --- |
| Student Name |  |
| Student Birthday |  |
| Student Email Address |  |
| Home Address |  |
| City/State/Zip Code |  |
| Primary Phone |  |
| Secondary Phone (Optional) |  |
| Current Grade |  |
| Parent Contact Name |  |
| Parent Primary Phone |  |
| Parent Email Address |  |
| Intended Exam/Date |  |
| By signing here I accept the terms and conditions on  http://echotutoring.org/terms-and-conditions/ |  |

Checks are payable to Echo Tutoring Inc and can be sent to the following address:

Echo Tutoring Inc

436 78th street

Brooklyn NY 11209