



# Study Concepts Inc

*A whole new way to achieve excellence*

## ENROLLMENT FORM

### Student Information

First Name \_\_\_\_\_ Tiya \_\_\_\_\_ MI \_\_\_\_\_ Last Name : \_\_\_\_\_ Singh \_\_\_\_\_

Mailing Address : \_\_\_\_\_ tiyasingh.email@gmail.com \_\_\_\_\_

Street Address : \_\_\_\_\_ 712 Invermere Dr Ne \_\_\_\_\_

City \_\_\_\_\_ Leesburg \_\_\_\_\_ State \_\_\_\_\_ Virginia \_\_\_\_\_ Zip Code : \_\_\_\_\_ 20176 \_\_\_\_\_

School Attending \_\_\_\_\_ John W Tolbert Eleme \_\_\_\_\_ Grade (Current/Rising) \_\_\_\_\_ 4 \_\_\_\_\_

Phone: (H) \_\_\_\_\_ 5712086951 \_\_\_\_\_ Cell \_\_\_\_\_ 5712086951 \_\_\_\_\_ Schedule Day : \_\_\_\_\_ Sunday \_\_\_\_\_

### Parent / Guardian Information (1)

Name \_\_\_\_\_ rahul singh \_\_\_\_\_ Cell : \_\_\_\_\_ 5712086951 \_\_\_\_\_

Email \_\_\_\_\_ kishorerahulsingh@gmail.com \_\_\_\_\_

### Parent / Guardian Information (2)

Name \_\_\_\_\_ rahul singh \_\_\_\_\_ Cell : \_\_\_\_\_ 5712086951 \_\_\_\_\_

Relationship \_\_\_\_\_ father \_\_\_\_\_

### Program Selection

Program Name	Program Name	Payment Plan Section
KG-Kindergarten	Algebra-1 & English Monthly	<b>Monthly</b>
Grade 1 NNAT Prep (FCPS)	Geometry & English	Half Term
Grade 2 COGAT Prep (FCPS)	Geometry	Full Term
Grade 3 NNAT Prep (LCPS)	Precalculus (Hon)/Math Analysis	Hourly
Grade 1 Enrichment	Calculus AB/BC	<b><u>How did you come to know of SCI?</u></b>
Grade 2 Enrichment	Grade 8 TJ Prep	<b>Friend</b>
Grade 3 Enrichment	Grade 8 AOS-AET Prep	Event Name
<b>Grade 4 Enrichment</b>	SAT Pebp	Internet Search
Grade 5 Enrichment	Other Programs	eMail from SCI
Grade 6 Enrichment		Others(specify)
Grade 7 Enrichment		Returning Student

**Payment Information**  Deposit  Book Fee \$ \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_

Deposit -\$	Monthly -\$	Prorated -\$	Books/Supplies Fee -\$
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Sibling(Grade : ) Discount Amount \$ \_\_\_\_\_ Total Check Amount \$ \_\_\_\_\_ 1001 \_\_\_\_\_

Make checks payable to Study Concepts Inc Student's Start Date \_\_\_\_\_

Yes, I have read and accepted the tuition fee policy Initials \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

PO Box 3872 Phone: (703) 349-1845 , (703) 348-5945 Email: Admin@studyconceptsinc.com

Oakton, VA 22124 <http://www.studyconceptsinc.com> Email: SCI-Ashburn@studyconceptsinc.com

Facebook: <https://www.facebook.com/StudyConceptsInc>

Tuition Fee Payment Policy: Current month tuition is due by 1st of the month beyond which, a late payment fee of \$15 shall be charged per each month of delay. One month's tuition will be collected at enrollment time as a refundable deposit. One month advance notice is required for any withdrawal. Shorter notice will not be entertained. Returned checks will be charged \$35 extra.