

Student Name: \_\_\_\_\_ Grade entering for 20/21 school year \_\_\_\_\_  
Parent Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone numbers: \_\_\_\_\_  
Emergency Contact in case we cannot reach a parent: \_\_\_\_\_  
School Attended for 5<sup>th</sup> grade: \_\_\_\_\_ 6<sup>th</sup> grade: \_\_\_\_\_  
Average 6 week math grade: \_\_\_\_\_

On a scale of 1 – 5 with 1 being “not at all” and 5 being “very much” please rank the following areas for you student’s “mathability.”  
\_\_\_\_\_ Confidence \_\_\_\_\_ Content knowledge \_\_\_\_\_ Ability to finish on time

Food allergies or other medical conditions we would need to be aware of: \_\_\_\_\_

Has your student ever been diagnosed with any condition which would impact their ability to process information, communicate answers or stay attentive? \_\_\_\_\_

Is there anything else you would like for the TEC staff to know about your student? \_\_\_\_\_

**RELEASE OF LIABILITY:**

I hereby agree to be responsible for the conduct and actions of my child/children and to release Texas Educational Consultants (TEC) from any claims and demands that may occur during participation in any TEC session held on or off premises.

Furthermore, I agree to release TEC and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving my child/children and myself while on TEC premises, to the extent allowed by law.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child/Children’s Name(s)

\_\_\_\_\_  
Date

Thanks for sharing just a little bit of your child’s success with us! We look forward to a wonderful and productive summer!  
Please complete this form and return along with a check for either \$50 or \$350 to:

Texas Educational Consultants  
15818 Mueschke Rd.  
Cypress, TX 77433