



UMSL Literacy Clinic
B 15 Education Library
University of Missouri St. Louis
8001 Natural Bridge Road
St. Louis, MO 63121
314-516-5608

Application Form

Student's Name: _____

Sex: _____ **Age:** _____

Address: _____

Phone Number: _____

How did you hear about the literacy clinic? _____

Mother's Name: _____ **Father's Name:** _____

School: _____ **Grade:** _____

Address: _____

What services is the student current receiving (special education, tutoring, remedial reading)? _____

Person filling out the form: _____ **Relationship to student?**

Why would you like this student to receive tutoring in the UMSL clinic?

Are there are medical or health issues that may impact learning?

What is the make, model and license plate number of the car bringing the student?

Send this form to: Dr. Rebecca Rogers, UMSL College of Education 369 Marillac Hall, St. Louis, MO 63121

