



## Tornado eLearning Academy (TELA) Registration Form

Full Time / Part Time

Student's Full Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male / Female

Address \_\_\_\_\_

School Email \_\_\_\_\_ Phone# \_\_\_\_\_

PAsecureID \_\_\_\_\_ Special Education/IEP? (Yes / No )

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

Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address (Same as Student? Yes / No )

If No: \_\_\_\_\_

Does the student have access to a computer at home? (Yes / No )

Does the student have internet access/WIFI at home? (Yes / No )

Received by \_\_\_\_\_ Date \_\_\_\_\_

TELA Coordinator