



Registration Form for Ottimmo Math: (All checks payable to Ottimmo LLC)

Student Name: _____

Student Current Grade: _____ School: _____

Parent Name: _____ Home Phone: _____

Address: _____

Parent Cell: _____ Parent Email: _____

Parent Name: _____ Home Phone: _____

Address: _____

Parent Cell: _____ Parent Email: _____

Fees:

__ 1st - 5th Grade: Fall Semester \$ 260.00

__ 6th Grade: Fall Semester \$ 350.00

Amount Paid: _____

Emergency Contact (other than parent): _____

Referred By: _____

Parent Signature: _____ Date: _____

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For Internal Office Use:

Check # _____ Date: _____ Amount Received: _____

Student enrolled in Level: 1 2 3 4 5 6