



### APPLICATION FORM

Thank you for your interest in the services of Duquesne University's Reading Clinic! To enroll a child in the program, please complete and return this application form via postal mail or fax. Forms will be processed in the order received, and applicants will be notified by mail of the next available session.

If you have specific questions, please contact Joanne Bruni via phone at 412.396.6088 or email [bruni@duq.edu](mailto:bruni@duq.edu).

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Student Birthdate \_\_\_\_\_

Mail to: **Reading Clinic** or Fax to: **412.396.1759**  
**School of Education**  
**600 Forbes Avenue**  
**Pittsburgh, PA 15282**