

SOL Class Registration Form

Please fill out, scan and email to: SOLLearningLLC@gmail.com, or mail to:

*Loura Lawrence
Student Owned Learning, LLC
2516 Midvale St., Kettering, OH 45420*

*Or go to our website for an online version of this form at:
www.SOLLearning.com/classes-and-registration/*

Student's Full Name: _____

Student's Birth Date: _____

Parent/Legal Guardian Full Name: _____

Current Address: _____

Phone: _____

Email: _____

Classes and Age/Grade of Interest:

Is there any medical information related to the student we need to be aware of?

By signing below, you agree that all information entered is accurate to the best of your knowledge, and agree to be contacted by Student Owned Learning (SOL), LLC representatives to complete student registration for SOL classes.

Parent Name: _____

Date: _____