CLEAR FORM

Regional Summer School Program
Office of School Performance
MONTGOMERY COUNTY PUBLIC SCHOOLS

ELEMENTARY SCHOOL SUMMER SCHOOL REGISTRATION

PART I: To be completed by PARENT/GUARDIAN. *PLEASE PRINT ALL INFORMATION.*

Student MCPS ID Number | **Date of Birth** (__/__/__)

Age _____ Grade _____ *(in Sept.)*

Student's Last Name | **First Name** | **MI**

Parent/Guardian's Last Name | **First Name** | **MI**

Home Phone (___-___-____) | **Cell Phone** (___-___-____) | **Work Phone** (___-___-____)

Address _____
Street City State Zip

Emergency Contact: Name _____

Phone: Home _____-_____-_____ Cell _____-_____-_____ Work _____-_____-_____

Name of ELEMENTARY SCHOOL now attending _____

Name of SUMMER SCHOOL CENTER _____

PART II: REGISTRATION—Refer to the *MCPS Summer School Publication* for registration information.

ELEMENTARY SCHOOL REGISTRATION—YOU MUST CHOOSE <u>TWO</u> COURSES.

Course Number _____ Course Name _____

Course Number _____ Course Name _____

ESOL REGISTRATION—The above-named student is presently enrolled in a day ESOL program OR is registered with the MCPS International Student Admissions Office and is scheduled to begin an ESOL program this summer. You **MAY** choose only **one** course.

ESOL: Course Number _____ Course Name _____

Signature, ESOL Teacher or ISAO Administrator _____

PART III: PAYMENT OF TUITION—Attach check, money order, or complete credit card information for the required tuition amount.

- Student **may** qualify for a reduced tuition or a tuition waiver. To apply, complete and attach MCPS form 325-4: *Application for Partial or Full Waiver of Summer School Tuition* and supporting documents.

Method of Payment

❑ Cash $_____ ❑ Check # _____ Amount $_____ Make checks payable to **MCPS**.

❑ Money Order # _____ Amount $_____ Make payable to **MCPS**.

❑ Charge $_____ to my (check one): ❑ MasterCard ❑ Visa *(credit card number and expiration date required.)*

Card Number (____-____-____-____) | **Expiration Date** (__-__)

Signature (as shown on credit card) _____

PART IV: PARENT'S/GUARDIAN'S SIGNATURE: Parent's/guardian's signature certifies that:

- Student has met all immunization requirements.
- Method of payment is assured and it is understood that a $25.00 fee will be assessed for returned checks or denied credit card charges. In addition, it is understood that failure to make payment may result in no credit being awarded for the course.
- The parent/guardian will provide the summer school site administrator with a copy of the accommodations included on the student's Individual Education Plan (IEP) or 504 Plan.

_____ ____/____/____
Signature, Parent/Guardian *Date*