

2016–17 STUDENT REGISTRATION FORM

Register online at www.saturdayschool.org or at any Saturday School center. A registration fee is required: \$40 for students receiving Free and Reduced-price Meal Services (FARMS) and \$70 for non-FARMS. If needed, parents may request a payment plan at registration. For registering at the centers, cash, checks or money orders are accepted. For online registration, PayPal, Visa and MasterCard are accepted.

I WOULD LIKE TO ENROLL MY CHILD IN THE SATURDAY SCHOOL CENTER AT:

MONTGOMERY BLAIR HS ALBERT EINSTEIN HS	JOHN F. KENNEDY HS	PAINT BRANCH HS SPRINGBROOK HS ROCKVILLE HS WATKINS MILL HS		
GAITHERSBURG MS	MAGRUDER HS	NOCKVILLE HS WATKING WILL HS SHERWOOD HS WHEATON @ LOIEDERMAN MS		
STUDENT NAME:		HOME PHONE:		
Last First	MIDDLE INITIAL	HOME SCHOOL:		
MCPS STUDENT ID NUMBER (REQUIRED):		MALE	FEMALE	GRADE:
		DATE OF BIRTH:		
ENROLLMENT DATE:	HOMEROOM TEACH	IER/COUNSELOR NAME:		
Student Race: (Please circle) American Indian or Alaskan Native Asian Whether Black or African American Black or African American Hispanic/Latino Native Hawaiian/Other Pacific Islander Two or More Free		HITE RACES		
PARENT NAME:		PARENT'S CELL PHONE:		
Last First	MIDDLE INITIAL	PARENT'S WO	DRK PHONE:	
PARENT'S E-MAIL ADDRESS:		EMERGENCY CONTACT PHONE NUMBER (IF DIFFERENT):		
STREET ADDRESS:		Сіту:		
STATE & ZIP:				
Other Saturday activities your child is/will be involved in that will prevent him/her from attending Saturday School:				
Please notify the Center Director if you would like our staff to know about any learning needs, medical conditions, food allergies, or 504 accommodations that are needed for your child.				
AUTHORIZATION TO REQUEST / RELEASE PUPIL RECORDS AND PHOTOS				
I HEREBY GIVE MY PERMISSION TO THE GEORGE B. THOMAS, SR. LEARNING ACADEMY TO REQUEST ACADEMIC RECORDS/ INFORMATION FOR THE ABOVE STUDENT AND FOR MONTGOMERY COUNTY PUBLIC SCHOOLS (OR THE SCHOOL WHERE YOUR CHILD IS CURRENTLY ENROLLED) TO RELEASE THOSE RECORDS. I ALSO GIVE MY PERMISSION FOR MY CHILD'S PHOTO(S) TO BE USED IN LEARNING ACADEMY MARKETING MATERIALS.				
SIGNATURE OF	Date			
Is your family eligible for Free and	Reduced-price Meals	System (FAR	MS)? YES	NO
Do you need a payment plan to assist with registration fees? YES NO				
Can you help pay the registration fee for a child who cannot afford it? YES NO AMOUNT \$				
TOTAL PAID BY: CASH	CHECK Check Numb	/ er/Amount	MONEY ORDER	/ MO Number/Amount