



The George B. Thomas, Sr. Learning Academy, Inc.

Saturday School

2010-11 STUDENT REGISTRATION FORM

Parents **must register in person** at the Center their child will attend. At the time of registration, parents **must provide** the \$50 registration fee and their child's most recent report card.

I WOULD LIKE TO ENROLL MY CHILD AT THE:

- | | | |
|--|--|--|
| <input type="checkbox"/> MONTGOMERY BLAIR CENTER | <input type="checkbox"/> NORTHWEST CENTER | <input type="checkbox"/> SHERWOOD CENTER |
| <input type="checkbox"/> ALBERT EINSTEIN CENTER | <input type="checkbox"/> MAGRUDER CENTER | <input type="checkbox"/> SPRINGBROOK CENTER |
| <input type="checkbox"/> GAITHERSBURG CENTER | <input type="checkbox"/> PAINT BRANCH CENTER | <input type="checkbox"/> WATKINS MILL CENTER |
| <input type="checkbox"/> JOHN F. KENNEDY CENTER | <input type="checkbox"/> ROCKVILLE CENTER | <input type="checkbox"/> WHEATON CENTER |

STUDENT NAME:			HOME PHONE:		
LAST	FIRST	MIDDLE INITIAL	HOME SCHOOL:		
MCPS STUDENT ID NUMBER (REQUIRED):			_____ MALE _____ FEMALE		
_____			DATE OF BIRTH:		
HR TEACHER/COUNSELOR NAME:					
HAS THIS CHILD ATTENDED THE SATURDAY SCHOOL BEFORE? YES NO (PLEASE CIRCLE)					
IF YES, FOR HOW MANY YEARS? _____					
ENROLLMENT DATE:			GRADE:		
PARENT NAME:			STUDENT RACE/ETHNICITY (PLEASE CIRCLE):		
LAST	FIRST	MIDDLE INITIAL	AFRICAN AMERICAN ASIAN AMERICAN		
			HISPANIC WHITE OTHER		
PARENT'S WORK PHONE:			PARENT'S E-MAIL ADDRESS:		
EMERGENCY CONTACT PHONE NUMBER (IF DIFFERENT):			PARENT'S CELL PHONE:		
ADDRESS:					
STREET: _____			CITY: _____		
STREET: _____			STATE & ZIP: _____		
WHAT ADDITIONAL INFORMATION WOULD HELP US BE MORE EFFECTIVE IN TUTORING YOUR CHILD?					
<u>AUTHORIZATION TO REQUEST / RELEASE PUPIL RECORDS</u>					
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 TO RELEASE THOSE RECORDS.					
_____				_____	
SIGNATURE OF PARENT/GUARDIAN				DATE	

TOTAL PAID BY: CASH _____ Amount CHECK _____ / _____ Check Number/Amount MONEY ORDER _____ / _____ MO Number/Amount