



Saturday School

2019–2020 STUDENT REGISTRATION FORM

Register now for the 2019-2020 school year! A registration fee of **\$40 for students receiving Free and Reduced-price Meal Services (FARMS) and \$85 for non-FARMS** is required in order to register. Cash, checks or money orders are accepted.

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> MONTGOMERY BLAIR HS | <input type="checkbox"/> GAITHERSBURG HS | <input type="checkbox"/> PAINT BRANCH HS | <input type="checkbox"/> STRATHMORE ES |
| <input type="checkbox"/> CLARKSBURG HS | <input type="checkbox"/> NORTHWEST HS | <input type="checkbox"/> ROCKVILLE HS | <input type="checkbox"/> WATKINS MILL HS |
| <input type="checkbox"/> ALBERT EINSTEIN HS | <input type="checkbox"/> MAGRUDER HS | <input type="checkbox"/> SPRINGBROOK HS | <input type="checkbox"/> WHEATON HS |

STUDENT NAME:		HOME PHONE:	
		HOME SCHOOL:	
MCPS STUDENT ID NUMBER (REQUIRED): _____		MALE	FEMALE
		GRADE:	
		DATE OF BIRTH:	
ENROLLMENT DATE:		HOMEROOM TEACHER/COUNSELOR NAME:	
STUDENT RACE: (PLEASE CIRCLE) AMERICAN INDIAN OR ALASKAN NATIVE ASIAN WHITE BLACK OR AFRICAN AMERICAN HISPANIC/LATINO NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES		HAS THIS CHILD ATTENDED THE SATURDAY SCHOOL BEFORE? YES NO IF YES, FOR HOW MANY YEARS? _____	
PARENT NAME:		PARENT'S CELL PHONE:	
		PARENT'S WORK PHONE:	
PARENT'S E-MAIL ADDRESS:		EMERGENCY CONTACT PHONE NUMBER (IF DIFFERENT):	
STREET ADDRESS: _____		CITY: _____	
_____		STATE & ZIP: _____	

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.

PARENTAL CONSENT

I give permission / do not give permission (circle one) to the George B. Thomas, Sr. Learning Academy (the "Learning Academy") and Montgomery County Public Schools ("MCPS") to share information about my child as described below for program planning and to evaluate the effectiveness of the Saturday School. The Learning Academy will share the following information about your child with MCPS:

- Student name; Student ID number; Student birthdate; Saturday School site; Saturday School attendance.

For program planning, MCPS will share the following information from your child's student record with the Learning Academy:

- Selection for honor roll, or a higher designation, and academic assessments (such as MAP-R and MAP-M scores).

For evaluation, MCPS will match student information from the Learning Academy with grades and assessment scores from student records. MCPS will then remove all references to student name and student ID number to evaluate the impact of the Saturday School on improving students' academic outcomes. The results of MCPS' evaluation will be reported to the Learning Academy in summary fashion, with no individual students identified.

The Learning Academy and MCPS will not share your child's personal information with others and will take steps to safeguard the information at all times.

I give permission / do not give permission (circle one) for my child to be included in any photographs taken or videos made of the Saturday School to be used in the Learning Academy's marketing materials.

Parent/Guardian Signature _____ Date _____

Withholding consent does not affect your child's participation in Saturday School

Is your family eligible for Free and Reduced-price Meals System (FARMS)? YES NO

Can you help pay the registration fee for a child who cannot afford it? YES NO AMOUNT \$ _____

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