



# Saturday School

## 2016-17 STUDENT REGISTRATION FORM

Register online at [www.saturdayschool.org](http://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:

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

<b>STUDENT NAME:</b> LAST FIRST MIDDLE INITIAL		<b>HOME PHONE:</b>	
<b>MCPS STUDENT ID NUMBER (REQUIRED):</b> _____		<b>MALE</b> <b>FEMALE</b>	<b>GRADE:</b>
<b>ENROLLMENT DATE:</b>		<b>HOMEROOM TEACHER/COUNSELOR NAME:</b>	
<b>STUDENT RACE: (PLEASE CIRCLE)</b> AMERICAN INDIAN OR ALASKAN NATIVE ASIAN WHITE BLACK OR AFRICAN AMERICAN HISPANIC/LATINO NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER TWO OR MORE RACES		<b>HAS THIS CHILD ATTENDED THE SATURDAY SCHOOL BEFORE? YES NO</b> <b>IF YES, FOR HOW MANY YEARS?</b> _____	
<b>PARENT NAME:</b> LAST FIRST MIDDLE INITIAL		<b>PARENT'S CELL PHONE:</b>	
<b>PARENT'S E-MAIL ADDRESS:</b>		<b>PARENT'S WORK PHONE:</b>	
<b>STREET ADDRESS:</b> _____		<b>EMERGENCY CONTACT PHONE NUMBER (IF DIFFERENT):</b>	
_____		<b>CITY:</b> _____	
_____		<b>STATE &amp; ZIP:</b> _____	
<b>Other Saturday activities</b> 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.			
<b><u>AUTHORIZATION TO REQUEST / RELEASE PUPIL RECORDS AND PHOTOS</u></b>			
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 PARENT/GUARDIAN		DATE	

**Is your family eligible for Free and Reduced-price Meals System (FARMS)?** 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 \_\_\_\_\_ / \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ / \_\_\_\_\_

Amount Check Number/Amount MO Number/Amount