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

Saturday School

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 _____ John F. Kennedy HS _____ Paint Branch HS _____ Springbrook HS
_____ Albert Einstein HS _____ Northwest HS _____ Rockville HS _____ Watkins Mill HS
_____ Gaithersburg MS _____ Magruder HS _____ Sherwood HS _____ Wheaton @ Loiederman MS

Student Name: Last First Middle Initial	**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: Last First Middle Initial	**Parent's Cell Phone:**
	Parent's Work Phone:
Parent's E-mail Address:	**Emergency Contact Phone Number** (if different):
Street Address: _____	**City:** _____
_____	**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 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 _____ (Amount) Check _____/_____ (Check Number/Amount) Money Order _____/_____ (MO Number/Amount)