

Montgomery Blair High School
Summer Math Institute REGISTRATION

To be completed by PARENT/GUARDIAN. *Please print all information in ink.*

PART I: STUDENT INFORMATION

Student ID: _____ Student Name: _____ Grade (2019-2020): _____

Parent/Guardian Name: _____ Phone Number: _____ Email: _____

Address: _____

Emergency Contact: _____ Emergency Phone Number: _____

Part II: REGISTRATION (Session 1 Deadline: June 7th Session 2 Deadline: June 28th)

Course	Session A	Session B
Algebra 1	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>
Honors Geometry	<input type="checkbox"/>	<input type="checkbox"/>
Algebra 2/Honors Algebra 2	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Calculus	<input type="checkbox"/>	<input type="checkbox"/>

***School Counselor Signature** _____

This student has been approved to enroll in the MBSMI program for Credit Non-Credit

Part III: PAYMENT OF TUITION— Attach check, money order, or pay with credit card through the school's *Online School Payments* website

Tuition Amount \$ _____ Cash Check # _____ Money Order # _____ Credit Card

Make checks and money orders payable to **Montgomery Blair High School**

Credit/debit card payments must be completed through the school's *Online School Payments* website.

Part IV: APPLICATION for PARTIAL WAIVER of SUMMER SCHOOL TUITION

If your income is:	You pay (per session):
\$0 - \$32,631	<input type="checkbox"/> \$85
\$32,632 - \$46,435	<input type="checkbox"/> \$120
Over \$46,435 (full tuition)	<input type="checkbox"/> \$300

PART V: PARENT'S /GUARDIAN'S SIGNATURE: Parent's/guardian's signature certifies that:

- Student is authorized to enroll in the local summer school program.
- I certify that all of the above information is true and that my total household income is reported. I understand that school officials may verify the information on this form. I understand that if I purposely give false information, I may have to pay full summer school tuition.
- Method of payment is assured, and it is understood that a \$25.00 fee will be assessed for returned checks.

_____/_____/_____
 Signature, Parent/Guardian Date