



THE GEORGE B. THOMAS, SR. LEARNING ACADEMY, INC.

2009–10 STUDENT REGISTRATION FORM AND AUTHORIZATION TO REQUEST / RELEASE OF STUDENT RECORDS

Parents **must register in person** at the Center their child will attend. At the time of registration, parents **must provide** the \$30 registration fee and their child's most recent report card.

I WOULD LIKE TO ENROLL MY CHILD AT THE:

_____ MONTGOMERY BLAIR CENTER
 _____ ALBERT EINSTEIN CENTER
 _____ GAITHERSBURG CENTER
 _____ JOHN F. KENNEDY CENTER
 _____ NORTHWEST CENTER
 _____ MAGRUDER CENTER

_____ PANT BRANCH CENTER
 _____ ROCKVILLE CENTER
 _____ SHERWOOD CENTER
 _____ SPRINGBROOK CENTER
 _____ WATKINS MILL CENTER
 _____ WHEATON CENTER

STUDENT NAME:	HOME PHONE:
<div style="display: flex; justify-content: space-between;"> LAST FIRST MIDDLE INITIAL </div>	HOME SCHOOL:
MCPS STUDENT ID NUMBER (REQUIRED):	<div style="display: flex; justify-content: space-around;"> _____ MALE _____ FEMALE </div>
<div style="display: flex; justify-content: space-around;"> — — — — — — </div>	DATE OF BIRTH:
HR TEACHER/COUNSELOR NAME:	
ENROLLMENT DATE:	GRADE:
PARENT NAME:	STUDENT RACE/ETHNICITY (<i>PLEASE CIRCLE</i>):
<div style="display: flex; justify-content: space-between;"> LAST FIRST MIDDLE INITIAL </div>	<div style="display: flex; justify-content: space-around;"> AFRICAN AMERICAN ASIAN AMERICAN </div> <div style="display: flex; justify-content: space-around;"> HISPANIC WHITE OTHER </div>
PARENT'S WORK PHONE:	PARENT'S E-MAIL ADDRESS:
EMERGENCY CONTACT PHONE NUMBER (IF DIFFERENT FROM OTHERS LISTED):	PARENT'S CELL PHONE:
ADDRESS:	ADDRESS:
STREET: _____	CITY: _____
STREET: _____	STATE & ZIP: _____
WHAT ADDITIONAL INFORMATION WOULD HELP US BE MORE EFFECTIVE IN TUTORING YOUR CHILD?	
AUTHORIZATION TO REQUEST / RELEASE PUPIL RECORDS	
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

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