



Saturday School Courses

2024-2025 REGISTRATION FORM

STUDENT INFORMATION

STUDENT NAME _____ GENDER _____ DATE OF BIRTH _____ GRADE _____

HOME SCHOOL _____ MCPS STUDENT ID NUMBER (REQUIRED) _____

HOMEROOM TEACHER/COUNSELOR NAME _____ ENROLLMENT DATE _____

CENTER LOCATIONS – HIGH SCHOOLS (CHECK ONE)

- | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> CLARKSBURG | <input type="checkbox"/> EINSTEIN | <input type="checkbox"/> GAITHERSBURG | <input type="checkbox"/> MONTGOMERY BLAIR | <input type="checkbox"/> VIRTUAL |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> PAINT BRANCH | <input type="checkbox"/> ROCKVILLE | <input type="checkbox"/> SPRINGBROOK | <input type="checkbox"/> WHEATON |

STUDENT RACE (CHECK ONE)

- | | | | |
|--|--------------------------------|--|--|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="checkbox"/> ASIAN | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> HISPANIC/LATINO |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> WHITE | <input type="checkbox"/> TWO OR MORE RACES | |

HAS THIS CHILD ATTENDED SATURDAY SCHOOL BEFORE? YES NO IF YES, FOR HOW MANY YEARS? _____

PARENT INFORMATION

PARENT NAME _____ CELL PHONE _____

EMAIL ADDRESS _____ WORK PHONE _____

STREET ADDRESS _____ EMERGENCY CONTACT NAME _____

CITY _____ STATE _____ ZIP _____ EMERGENCY CONTACT PHONE NUMBER _____

Please notify the Center Director if you would like our staff to know about your child's 504 accommodations or learning needs.

PARENTAL CONSENT (withholding consent does not affect your child's participation in Saturday School)

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

- 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 Saturday School with grades and assessment scores from the student records. MCPS will then remove all references to student name and student ID number to evaluate the impact of Saturday School on improving student's academic outcomes.

The results of MCPS' evaluation will be reported to Saturday School in summary fashion, with no individual students identified.

Saturday School 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 Saturday School to be used in Saturday School marketing materials.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION FEES (CHECK ONE)

- \$40 – STUDENTS RECEIVING FREE AND REDUCED PRICE MEAL SYSTEM (FARMS) \$85 – non-FARMS.

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