

LEARNING LAB ENROLLMENT FORM

DATE _____

STATUS: ___ NEW STUDENT IN LL ___ RE-ENROLLING STUDENT IN LL

IS YOUR CHILD *CURRENTLY* IN ANY OF THE FOLLOWING PROGRAMS? PLEASE MARK ALL THAT APPLY:

- ___ ACADEMIC REINFORCEMENT TEAM (ART)
- ___ PATRIOT ACADEMIC SUPPORT SERVICES (PASS)
- ___ PATRIOT ENRICHMENT PROGRAM (PEP)
- ___ PATRIOT ACADEMIC COURSE ENRICHMENT (PACE)
- ___ SPEECH
- ___ GA SPECIAL NEEDS SCHOLARSHIP (SB10)

If you need any program specific information, please contact SRCS or the Learning Lab.

CURRENT GRADE LEVEL _____

STUDENT'S NAME _____ GENDER ___ MALE ___ FEMALE

STUDENT'S DOB _____ RE/ENROLLED AT SRCS ___ YES* ___ NO*

*child must be enrolled at SRCS prior to enrolling in Learning Lab.

PARENTS' NAMES _____

DOES YOUR CHILD CURRENTLY HAVE AN EDUCATIONAL EVALUATION?

IF YES, PLEASE MARK AND PROVIDE A COPY FOR THE LL, IF WE DON'T HAVE A COPY ALREADY. _____ YES _____ NO

HAS YOUR CHILD PARTICIPATED IN ANY SERVICES OUTSIDE OF THE REGULAR CLASSROOM IN THE PAST? THIS INCLUDES GIFTED, RESOURCE EDUCATION, PRIVATE TUTORING, ETC. PLEASE LIST AND PROVIDE DETAILS.

HAS YOUR CHILD PARTICIPATED IN OTHER EXTRA-CURRICULAR, ATHLETIC, OR SCHOOL-RELATED PROGRAMS? IF YES, DESCRIBE.

CONTACT INFORMATION (CELL PHONE) _____

PREFERRED EMAIL FOR UPDATES & COMMUNICATION WITH LL STAFF: (PLEASE WRITE CLEARLY!)

CHILD'S EMAIL _____

CHILD'S CELL PHONE (UPPER GRADES ONLY): _____

WITH PARTICIPATION IN THE LEARNING LAB, YOU WILL RECEIVE REGULAR CONTACT UPDATING YOU ON ACADEMIC PERFORMANCE AND PROGRESS OF YOUR CHILD. THIS COMMUNICATION WILL BE ACCOMPLISHED PRIMARILY THROUGH EMAIL UNLESS THE LEARNING LAB INSTRUCTOR NEEDS TO DISCUSS SOMETHING WITH YOU. THE PURPOSE OF THE EMAILS IS TO KEEP YOU UPDATED AND A PART OF THE LEARNING PROCESS. IF YOU DO NOT HAVE ACCESS TO EMAIL, PLEASE MAKE A NOTE ON THIS ENROLLMENT FORM SO OTHER ARRANGEMENTS CAN BE MADE. ___ PLEASE CHECK IF YOU *DO NOT* HAVE ACCESS TO EMAIL. BY INCLUDING YOUR CHILD'S EMAIL AND/OR CELL PHONE, YOU ARE GIVING US PERMISSION TO CONTACT THEM WITH REMINDERS AND/OR INFORMATION THROUGH THIS ADDITIONAL COMMUNICATION.

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

PLEASE ONLY COMPLETE THE BOX FOR THE PROGRAM THAT YOU ARE ENROLLING YOUR CHILD AND THE LAST BOX ON THE FORM.

Must meet eligibility requirements.

PATRIOT ENRICHMENT PROGRAM (PEP-GRADES 2ND-5TH)

- Yes, my child, _____, is eligible, and I am interested in enrolling him/her in the SRCS PATRIOT ENRICHMENT PROGRAM (PEP). Participation in the supplementary program is an additional fee of **\$750**.
- No, I am not interested in my child participating at this time.

PLEASE CHOOSE YOUR PAYMENT PREFERENCE.

Three payment options are available. Form may be returned prior to payment.

- Monthly dispersed payments.
- Two payments of \$300. The first is due prior to the first day of school. The second is due by January 2018.
- Payment of \$700 in full to receive a discounted total cost.

Must meet eligibility requirements.

PATRIOT ACADEMIC COURSE ENRICHMENT (PACE-GRADES 6TH-8TH)

- Yes, my child, _____, is eligible, and I am interested in enrolling him/her in the SRCS PACE. Participation in the supplementary program is an additional fee of **\$750**.
- No, I am not interested in my child participating at this time.

PLEASE CHOOSE YOUR PAYMENT PREFERENCE.

Three payment options are available. Form may be returned prior to payment.

- Monthly dispersed payments.
- Two payments of \$300. The first is due prior to the first day of school. The second is due by January 2018.
- Payment of \$700 in full to receive a discounted total cost.

PATRIOT ACADEMIC SUPPORT SERVICES (PASS-GRADES K-12TH)

- Yes, I am interested in enrolling my child, _____, in SRCS PASS. Participation in the supplementary program is an additional fee of **\$1800**.

PLEASE CHOOSE YOUR PAYMENT PREFERENCE.

There are two payment options. Form may be returned prior to payment.

- Dispersed payments through the school year according to my FACTS schedule. (\$1,800)
- Pay the balance in full by August 1, 2016 to receive a \$100 discount. (\$1,700)

[] Level 1 **\$2200*** [] Level 3 **\$950*** *Must have approval prior to committing to Level 1 or 3.

SPEECH (Grades K3-12th)

- Yes, I am interested in my child, _____, being evaluated by SRCS Speech Language Pathologist (SLP) to determine if my child would benefit from speech services. The evaluation is a supplementary cost of **\$100** for a pre and post evaluation within the school year to evaluate need and progress. An additional enrollment form will be completed after the initial evaluation to recommend services. Please include payment with form.

Parent/Guardian Signature _____ **Date** _____

****By signing the enrollment form, families are making a financial commitment to SRCS of their obligation to be financially responsible for the Learning Lab tuition following the same guidelines in place as SRCS tuition policy.**

Please note that several of our programs have limited spots in order to provide quality services to our students. When our program(s) are full, we will utilize a waiting list.