

# 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.

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

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CONTACT INFORMATION (CELL PHONE) \_\_\_\_\_

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

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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 2<sup>ND</sup>-5<sup>TH</sup>)**

- 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 \$375. The first is due prior to the first day of school. The second is due by January 2019.
- Payment of \$700 in full to receive a discounted total cost.

Must meet eligibility requirements.

**PATRIOT ACADEMIC COURSE ENRICHMENT (PACE-GRADES 6<sup>TH</sup>-8<sup>TH</sup>)**

- 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 \$375. The first is due prior to the first day of school. The second is due by January 2019.
- Payment of \$700 in full to receive a discounted total cost.

**PATRIOT ACADEMIC SUPPORT SERVICES (PASS-GRADES K-12<sup>TH</sup>)**

- 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, 2019 to receive a \$100 discount. (\$1,700)

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

**SPEECH (Grades K3-12<sup>th</sup>)**

- 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.**