



# Secondary School Support Programs Extended Day Program School Registration

MCPS Form 325-10  
October 2016

Office of Curriculum and Instructional Programs  
Department of Career Readiness and Innovative Programs  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**INSTRUCTIONS:** Please complete, sign and return to \_\_\_\_\_ Middle School by \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART I: To be completed by PARENT/GUARDIAN. PLEASE PRINT ALL INFORMATION.**

Student MCPS ID Number \_\_\_\_\_ Age \_\_\_\_\_ Grade (in Sept.) \_\_\_\_\_

Does the student have an IEP?  Yes  No    An ELL Plan?  Yes  No    A 504 Plan?  Yes  No

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone: Home/Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone: Home/Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: H \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ C \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Method of Transportation  Walk  School Bus  Other Specify \_\_\_\_\_

**PART II: REGISTRATION—Please check the applicable course offering.**

- Support Math 6
- Support Math 7
- Support Algebra Prep Math 8
- ESOL Reading
- Other Specify \_\_\_\_\_

- Support Algebra
- Lights, Camera, Literacy PLUS!

- Support Reading 6
- Support Reading 7
- Support Reading 8
- Support Reading Combo 6/7
- Support Reading Combo 7/8

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

- The student will comply with all rules and regulations of MCPS.
- The parent/guardian understands that this highly concentrated program necessitates consistent attendance. Therefore, parent/guardian and students commit to making full time attendance a priority.
- Excessive absences may be cause for removal from the extended day program.
- I understand that if 15 students do not register in this class by one week prior to the start date, then the class will be cancelled.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_