

2018 Summer Programs Registration Form

This form is for registration for G/T Summer Institutes and Career Academies Mail-in registration ONLY.

Part 1: Biographical Information - (PLEASE PRINT)

Student ID Number: _____

Student Last Name: _____ First Name: _____

Grade (2018-2019): _____ Current School (2017-2018): _____ School for Fall (2018-2019): _____

Student Home Address Street: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Last Name: _____ First Name: _____

Parent/Guardian E-mail: _____

Home Phone: (_____) _____ Work /Cell Phone: (_____) _____

Student Ethnicity (check one): Hispanic Yes No Student Gender: Male Female

Race/Ethnicity: American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Hawaiian or Pacific Islander White Two or more races

Check here if you do not want your child photographed for school system purposes while enrolled in a summer program.

Parent Signature: _____ Date: ____/____/____

Part 2: Class Selection - Refer to this catalog for registration information. Choose only one class per session.

Class Number: _____ Class Name: _____

Class Number: _____ Class Name: _____

All Grades – Is your child receiving Support Services? Attach a copy of your child’s document to this form.

Support Services student is receiving IEP 504 Action Plan (FBA, BIP, etc.)

Did the student receive ESOL Services in the 2017-2018 school year? Yes No If “Yes,” attach MD Accommodations form.

Elementary and Middle – Is your child on above below grade level for Math?

Elementary and Middle – Is your child on above below grade level for Reading?

G/T Summer Institutes only–Has your child participated in any of the following G/T offerings in the 2017-2018 school year? (Check all that apply)

G/T Math for Grades 4 and 5 G/T Curriculum Extension Units G/T Instructional Seminars

Type III Research Investigation Middle School G/T Content Area Classes G/T Saturday Art Program

Payment information - (PLEASE PRINT)

Name on payment: _____ Amount: \$ _____

Payment type: Cash Check* Money order Credit card Visa Mastercard Check#/Money Order #: _____

Credit Card # _____ Exp Date: ____/____/____ Security Code #: _____

*** Please make your check payable to the Howard County Public School System. The MESA (grades 9-12) program only accepts checks.**

Select your child’s t-shirt size: YS YM YL AS AM AL AXL

The HCPSS Finance Office has contracted with Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.