



# Project Discovery Summer School Registration

Regional Summer School Program  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850 • 301-279-3202

**MCPS Form 325-5PD**  
**March 2018**

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

<b>Student MCPS ID Number</b>	<b>Date of Birth</b>	Age _____	Current Grade _____
<b>Student's Last Name</b>	<b>First Name</b>	<b>MI</b>	
<b>Parent/Guardian's Last Name</b>	<b>First Name</b>	<b>MI</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	

Primary E-mail \_\_\_\_\_

Alternate E-mail \_\_\_\_\_

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

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

Name of School now attending \_\_\_\_\_

**PART II: PAYMENT OF TUITION—Attach check, money order, or complete credit card information for the required tuition amount.**

- To qualify for reduced tuition, please complete and attach [MCPS Form 325-4: Application for Partial or Full Waiver of Summer School Tuition](#) and supporting documents.

**Method of Payment**

Cash \$ \_\_\_\_\_  Check # \_\_\_\_\_  Money Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Make checks payable to **MCPS**. (A \$25.00 fee will be assessed for returned checks.)

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

- Student has met all immunization requirements.
- The parent/guardian will provide the summer school site administrator with a copy of the accommodations included on the student's Individualized Education Program (IEP) or 504 Plan.

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