# Middle School GEORGIA MILESTONES Remediation Registration Form

**DUE BY December 8, 2017 – Register early because space is limited.**

**PLEASE PRINT**

***Part A – Teacher Referral***

***To be completed by student’s teacher(s) before form is sent home.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID #: | |  |  | | School’s Name: | | | |  | |
|  | | | | | | | | | | |
| **Subject Area (s):** | | | **2017 Georgia Milestone**  **Score/Level** | | | | | | | **Teacher’s Signature** |
|  | Reading/Language Arts | |  |  | | / |  |  | |  |
|  | Math | |  |  | | / |  |  | |  |
|  | Science | |  |  | | / |  |  | |  |
|  | Social Studies | |  |  | | / |  |  | |  |

***Part B – Parent or Guardian Permission for Student to Participate***

***To be completed by the student’s parent or guardian.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: |  | | | | | | | |
| Home Phone: |  | | | | Grade Level: | |  | |
| Mother’s/Guardian’s Name: | |  | | Daytime Phone: | |  | | |
| Father’s/Guardian’s Name: | |  | | Daytime Phone: | |  | | |
| Street Address: |  | | | | | | | |
| Parent’s/Guardian’s Email Address: | | |  | | | | |  |
| **Transportation will not be provided by the district. Parents or guardians must provide transportation.** **Please check method of transportation to home:** | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Walker |  |  | Car Rider |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s/Guardian’s Signature: |  | Date |  |

**All of the above information must be filled out completely with the appropriate signatures or this form will not be accepted. The registration form must also be returned to your child’s homeroom teacher prior to your child’s participation in the program. Parents/Guardians must return this document to the school by December 8, 2017.**