

Date _____
Check # _____
Amount _____

**SARATOGA SPRINGS CITY SCHOOL DISTRICT SATURDAY SCHOLARS PROGRAM
FALL 2009
REGISTRATION FORM
Deadline for Registration: September 30, 2009**

Student Name _____

Address _____
Street Town/City Zip Code

School _____ Grade _____ Teacher _____

Parent/Guardian who can be reached in case of emergency: Home Phone _____
Name _____ Work Phone _____
Cell Phone _____

Email Address _____

Please list any medical problem or other relevant information here:

	Course #	Course Name	AM/PM (check one)
First Choice			___AM ___PM
Second Choice			___AM ___PM
Third Choice			___AM ___PM

It is possible that we may not be able to accommodate all students who apply.
Your course selection will be confirmed in writing before classes begin.

I give permission for my child to participate in the Saturday Scholars Program.

_____ (Parent's Signature)

I would like information on financial assistance.

If you have any questions or concerns please call Mr. Michael Piccirillo, Assistant Superintendent for Secondary Education for the Saratoga Springs City School District at 583-4714.

Please return the registration form along with a check for \$54.00 made payable to the Saratoga Springs City School District by September 30, 2009 to:

Mr. Michael Piccirillo, Assistant Superintendent for Secondary Education
Saratoga Springs City School District
3 Blue Streak Blvd., Suite 208
Saratoga Springs, NY 12866

IN ORDER TO RECEIVE A REFUND FOR WITHDRAWAL FROM A CLASS, YOU MUST NOTIFY MR. PICCIRILLO'S OFFICE NO LATER THAN OCTOBER 9, 2009.

Please note: The district will cover the cost of lab fees.

PLEASE DO NOT RETURN BY WAY OF YOUR STUDENT'S SCHOOL.
THANK YOU.