

McCONNELL MIDDLE SCHOOL
ACADEMIC ASSISTANCE PROGRAM (AAP)
QUARTER 2 or QUARTER 3 REGISTRATION
2010

Grade: _____ Homeroom Teacher: _____

Student's Name: _____

Please Select One

I have received the information regarding AAP, but my child will not be attending.

OR

Register my child for:
(May choose up to two from the selection below)

Language Arts Teacher for whom you are making up class _____ Q2 or Q3? _____

OR

Science Teacher for whom you are making up class _____ Q2 or Q3? _____

Math Teacher for whom you are making up class _____ Q2 or Q3? _____

OR

Social Studies Teacher for whom you are making up class _____ Q2 or Q3? _____

Parent(s) Name: _____

Home Phone #: _____ Mother's Work Phone #: _____

Father's Work Phone #: _____

Emergency Name and Telephone #: _____

Registration deadline is **Thursday, April 1st**. In order to register, complete this form and return it to the homeroom teacher along with the **\$75.00 payment for one class**, or **\$150 for two classes**. Registration is on a first come, first served basis. **Only money orders and cash are accepted forms of payment.** *No refunds will be given.*

Please read the following statement and sign below:

I understand that my child must comply with all GCPS rules and standards of behavior during AAP and show an academic gain to receive a grade change. I also understand that the grade change earned in AAP will not alter the scores earned on any standardized test.

Parent Signature: _____

Office Use Only

FR RE Money Order Amount _____ Form Received _____
Cash