



Application for Sessions 3 & 4 (2018)

PLEASE RETURN WITH YOUR PAYMENT: MAIN OFFICE - RASE MAILBOX
PAY FOR 4 CLASSES OR MORE AND RECEIVE A 10% DISCOUNT
Any questions - please write an e-mail to: RASE@REEDMS.com

Student's Name: _____

Grade _____ Period 1 Teacher: _____ Per. 1 Rm #: _____

Parent/Guardian Name(s): _____

Primary Phone #: _____ Alternate Phone #: _____

E-mail Address(es): _____

Second email, if needed: _____

Please complete for each **PAID** class:

Name of PAID Class _____	Session _____	Cost _____
Name of PAID Class _____	Session _____	Cost _____
Name of PAID Class _____	Session _____	Cost _____
Name of PAID Class _____	Session _____	Cost _____
Name of PAID Class _____	Session _____	Cost _____
Name of PAID Class _____	Session _____	Cost _____

Please return this completed form and payment (**Checks payable to FRIENDS OF REED**) to the RASE Mailbox in the Main Office. Class space is limited on a first come basis. Time/Date stamp is available in Attendance Office.

Sub Total: \$ _____

4 + Classes = 10%discount: _____

Total Cost: \$ _____

Yes, I want to register my student for FREE Math Tutoring (specify one: Wednesday or Thursday)
Homework Drop-In Permitted but you must register and sign this form.

PLEASE REMEMBER THE FOLLOWING WHEN REGISTERING FOR CLASSES:

1. There are no refunds after the start of the second class. If for some reason you need to cancel your registration, there will be a \$25 processing fee. There are no make-ups for absences.
2. If your child attends Beyond the Bell, please check in with the coaches and then report to class.
3. Students are picked up at the Colfax/Landale Gate after class.
4. Please remember, our school rules "Be Safe, Be Respectful, and Be Responsible" apply all year. If your child becomes disruptive to the class, he/she may be asked to leave and no refunds will be provided.

ALL PARENTS MUST SIGN - REGARDLESS OF THE CLASS or FREE MATH BEING REGISTERED:

By signing below, I acknowledge that my child will sign in and out of whichever RASE classes they are enrolled in. I understand neither the program provider nor the Los Angeles Unified School District is liable for incidents involving my child occurring after his/her departure from the program. **I also agree to be responsible for any damage to any computers, school property, or equipment caused by my child. All students and parent(s) will be required to sign an AUP (Acceptable Use Policy) Agreement for school and vendor equipment, including computers and technology.**

Parent/Guardian Name

Parent/Guardian Signature

Date