## **Annapolis Area Christian School**

Date sent to Business office \_

## **Educational Support Services Registration Form Middle School Directed Studies**



Student Name:	Grade	_School Year2019-2020
Level of Educational Support Service	Cost	Parent Initials
Directed Studies	\$1000 full year	
This level of support includes collaboration with teachers and coordination of the Ed Support Plan. This includes coordination of documented accommodations, and a small group class that provides support for organization and task completion for academic classes.  Unless otherwise noted, registration is for a full year (two semesters) If not using the FACTS option for payment, a non-refundable deposit of \$150 is due with this registration Checks should be made out to AACS and note on the memo line "MS Educational Support" For credit card payment option, the Business Office will invoice once Signed Registration Form is received By signing below, we acknowledge that we understand the information given and agree to the terms as stated in this		
	IST BE SUBMITTED BY JUNE 15 <sup>th</sup> IN ORDER TO TE Services are staffed based on registrations	
***PLEASE RETURN THE FORM TO THE MIDDLE SCHOOL OFFICE TO THE ATTENTION OF CAROLYN BEALL***		
Or email to her at cbeall@aacsonline.org		
Please select a payment optionAdd to FACTS account (FACTS deductio	ons are divided evenly over remaining payme	nts)
Pay in full by August 4th (\$150 Deposit due with registration)		
Pay by semester by August 4 <sup>th</sup> and Jan 15 <sup>th</sup> (\$150 Deposit due with registration)		
By signing below, we acknowledge that we ur	nderstand the information given and agree to	the terms as stated in this registration.
Parent/Guardian:	Date:	
Office use		

Educator: \_\_\_\_\_ Gross fee \_\_\_\_\_ Deposit Received \_\_\_\_\_ Service Period \_\_\_\_\_

Revised /Additional (circle if applicable)