



21st Century Community Learning Program
2017-2018 Enrollment Form
Fort Myers Middle Academy



Student Information			
Name	Student Identification #	Homeroom Teacher	Grade

Parent Information			
Parent Name	Cell Phone	Work Phone	Email

How will your child get to and home from the sessions?		
	My child will need bus transportation.	
	I will pick my child up from the tutoring program.	
	My child will walk/ride bike home from the tutoring program.	

If your child will need bus transportation, please include address.		
Street:	City:	Zip:

The Parent agrees to: (initial beside each activity)	
	Ensure my child actively participates in the learning process.
	Ensure my child attends the scheduled sessions for the duration of the program.
	Provide transportation unless other arrangements have been made.

Parent Signature:	Date:
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The School agrees to: (initial beside each activity)	
	Enable the student to attain his/her specific achievement goals.
	Measure the student's progress and regularly report progress to parent monthly.
	Contact the parent if attendance negatively impacts learning.

School Representative Signature:	Date:
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School Use Only		
FSA Math Score:	FSA ELA Score:	2016-2017 Gain: