



ENROLLMENT FORM: Arundel

Submission by April 15 ensures enrollment at TAMS.

Enrollment Statement

Please enroll my child, _____, at
First name MI Last name

Thornton Academy Middle School (TAMS) for 2019-2020. I understand that I/my family will not be held financially responsible for my child's tuition

He/she will enter Grade: 6 7 8 *(Please circle)*

Permission to access records

To assist Thornton Academy in planning an appropriate educational program for my child, I hereby authorize Thornton Academy to access his/her cumulative educational records.

Authorizing signature(s)

I understand that Thornton Academy will use student information for the sole purpose of assuring and/or planning an appropriate educational program at Thornton Academy Middle School. I understand that I may revoke this authorization at any time. In any case, this authorization will automatically expire one year from the date signed.

Parent/Guardian's Signature Date

Parent/Guardian's Signature Date

Mailing address

Physical address (if different)

Email address

Best telephone Alternative telephone (if any)

Submit

By email: debbie.crepeau@thorntonacademy.org

By mail: Debbie Crepeau
Thornton Academy Middle School
438 Main Street
Saco, ME 04072

Questions? Please do not hesitate to call (207-602-4408).

We look forward to being partners with you in your student's middle school education!