

**Annapolis Area Christian School**  
**Educational Support Services Registration Form**  
**Middle School Academic Studies**



Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ School Year 2019-2020

Level of Educational Support Service	Cost	Parent Initials
Academic Studies	\$2000 full year	

*This level of support includes collaboration with teachers and coordination of the Ed Support Plan. This includes coordination of documented accommodations and modifications, support for organization and task completion for academic classes, and a small group class for assistance with class content and modification of content as documented on the ESP.*

- 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 AACCS 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 registration.

**REGISTRATION FORM MUST BE SUBMITTED BY JUNE 15<sup>th</sup> IN ORDER TO GUARANTEE SERVICE.**  
**Educational Support Services are staffed based on registrations received in June.**  
**\*\*\*PLEASE RETURN THE FORM TO THE MIDDLE SCHOOL OFFICE TO THE ATTENTION OF CAROLYN BEALL\*\*\***  
**or email to her at [cbeall@aacsonline.org](mailto:cbeall@aacsonline.org)**

***Please select a payment option***

\_\_\_\_ Add to FACTS account (FACTS deductions are divided evenly over remaining payments)

\_\_\_\_ 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 understand 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 \_\_\_\_\_

Date sent to Business office \_\_\_\_\_ Revised /Additional (circle if applicable)