

**Mt. Lebanon School District
Summer Learning Center (SLC) 2024 Registration**

Student Name (Last) _____ (First) _____

Street Address _____ Zip Code _____

City _____ State _____

Daytime Phone (_____) _____ Emergency Phone (_____) _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Current Grade (2023-2024 School Year) _____

School Building (2023-2024 School Year) _____

I would like to register my child for the Summer Learning Center. In addition to this registration form, I am enclosing the following:

_____ Completed Health Office Emergency Card

Please select one of the following:

_____ \$400 tuition check made out to “**Mt. Lebanon School District SLC**”

_____ I am requesting an available scholarship to waive the cost of this year’s program

Registration is due by Friday, May 3, 2024.

A student whose registration information is received after May 3rd will be placed on a waiting list in the order registration was received.

Please return registration form, emergency contact form, and tuition payment to:

Mt. Lebanon School District

Attn: Lisa Shank

Summer Learning Center

37 Rob Hollow Road

Pittsburgh, PA 15243

Space is limited; attendance confirmation will be e-mailed or mailed to you in June.

If you have any questions, please contact your building principal or SLC coordinator
Tess Falcone (tfalcone@mtlsd.net)

(Office Use Only) Date Received: _____ **Check #** _____ **Amount:** _____