



Marcus Thomas & Associates

Academic Enrichment Program Registration Form

Student Information		
Name:	Social Security Number:	
Address:	City, State	Zip Code:
Phone:	Email:	
Current Grade:	Current School:	

Parent / Guardian Information		
Name:	Relationship to Student:	
Address:	City, State	Zip Code:
Phone:	Email:	

Payment Method	Select One (*\$2500 per student)
Check	
Money Order	

Make all checks and money orders payable to MTA

Program Selection	Select One
Winter Session	October 12 - March 11, 2006
Summer Session	July 10 - August 11, 2006

Emergency Contact Information		
Name:	Relationship to Student:	
Address:	City, State	Zip Code:
Phone:	Email:	

Complete one application per student. Submit this form with payment to:

MTA Consulting Group 8116 Arlington BLVD. #306 Falls Church, VA 22042 (703) 298-3804