



Marcus Thomas & Associates

Academic Enrichment Program

Registration Form

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

Parent/Guardian Information		
Name	Relation to Student	
Address	City, State	Zip
Phone (home)	(alternate)	Email

Payment Method	Select One (\$1200 per student)
Online	
Money Order	

Make Money Order payable to MTA & mail to the address below
or
[click here to pay online using our secure website](#)
**You still need to submit this form to us by mail after paying online*

Program Selection	Select One
Summer Session July 1- July 30, 2007	

Emergency Contact Information		
Name	Relation to Student	
Address	City, State	Zip
Phone	Email	

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