

APPLYING FOR *SATURDAYS WITH NSOROMMA!* Spring 2008 Session

It's quick and easy as **1** - **2** - **3**!!

ONE. Complete Application Form and submit with \$25 Application/Registration Fee by January 18th.

Submission Options:

- a. **Mail** with check or money order made payable to *Nsoromma School, Inc.*
Mail to Nsoromma School, P.O. Box 311606, Atlanta, GA 31131-1606.
Postmark by January 18th for on-time registration.
- b. **Bring it with you to our Open House** on January 19th at 10 am
to Nsoromma at 2295 Benjamin Mays Drive, SW, Atlanta 30311.
- c. **Email** application form to info@nsoromma.org. You will receive a return email with
info for paying the Application/Registration fee via Paypal.

TWO. Upon acceptance, you will receive information packet with details about the program including dates, curriculum, field trips, snacks, drop off and pick up, parent workshops, orientation session, etc.

THREE. Pay tuition on or before January 26th. Again, you can mail it, bring it to us at the 10 a.m. Orientation Session on January 19th, or use Paypal by sending an email request.

Enjoy the *Saturdays with Nsoromma* experience!

Word of mouth is our best advertisement!
Tell a friend about the program!

The **N** s o r o m m a S c h o o l



"Reflecting the inner light of our children"

APPLICATION FOR ADMISSION TO SATURDAYS WITH NSOROMMA!

Student's Name: _____ Female _____ Male _____

Date of Birth: _____ Age: _____

Current Grade: _____ Current School: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail _____

FOR STUDENTS:

Special interests, hobbies, activities: _____

Favorite subjects: _____

FOR PARENTS: What are your expectations for your child in the Saturday program? _____

Has your child ever had learning or behavioral challenges or issues that required tutoring, counseling, special classes, etc.? _____ If yes, please describe. _____

What other information about your child do you feel we need to know? (physical, medical, academic, etc.)

NOTE: This information is very important in helping us to determine how we can best meet your child's needs in this program.

I certify that all of the information in this application is true and complete to the best of my knowledge and that I have not intentionally falsified or misrepresented any information.

Student Signature

Date

Parent/Guardian Name (Please print)

Signature

Date