

J. E. Richards Middle School Renaissance Academy Registration

Student Name _____

Address _____

Parent's Names _____

Home Phone _____ Parent Work Phone _____

Grade Level _____

Person to contact in an emergency _____

Relationship _____ Phone _____

Class registrations will be accepted now through January 22nd. Registrations will be accepted at the school or you may mail registration to:

**Mrs. Lisa Vieira
c/o Richards Middle School
3555 Sugarloaf Parkway
Lawrenceville, Georgia 30044**

Complete payment for the course is due by January 22nd. All Checks must be made out to *JE Richards Middle School*. (This is a change from past sessions.)

Class Title _____

Instructor _____

Session _____ Cost of the class _____

If you have any questions about any of the classes please contact Mrs. Vieira, program director, at 770-338-4821.

For office use only.

Date paid _____ Cash _____ Check no. _____