

# PASSPORT MATH PROGRAM

## 2011-12 REGISTRATION FORM



**GRADES:** 1st through 12th grade.

**TIME:** After School Monday through Thursday, 3:00-6:30

**COST\*:** \$200.00 for current Hope Student/ \$300 for Non-Hope Student.

This amount covers the cost of the program from June 2011 until May 28, 2012.

Fee must be submitted to Deanna Spriggs with this form

**WHERE:** Elementary Computer Lab in the Library

**CONTACT:** Deanna Springs, the Tutoring Coordinator to schedule sessions. Call 822-8868, Ext. 543 or email [drspriggs@hcsnm.org](mailto:drspriggs@hcsnm.org). Messages are checked daily, Monday through Thursday.

Student: \_\_\_\_\_ Grade 2011-12 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's work \_\_\_\_\_ Mother's cell \_\_\_\_\_ Mother's pager \_\_\_\_\_

Father's work \_\_\_\_\_ Father's cell \_\_\_\_\_ Father's pager \_\_\_\_\_

**PLEASE LIST PERSONS, OTHER THAN PARENTS, AUTHORIZED TO PICK-UP STUDENT(S):**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



The **PASSPORT MATH PROGRAM** offered by Hope Christian School is a computer driven training method designed to increase the student's Math skills both in speed and accuracy. To achieve optimal results from the program, the student should be scheduled three times per week.

All students (current Hope and Non-Hope students) need to have times scheduled in advance, which is done by communicating with the Tutoring Coordinator. If students need to cancel the tutoring session, they need to do so no later than 12:00 noon on the session day by contacting the Tutoring Coordinator.

**NON-HOPE STUDENTS** Non-HCS Students must go through our interview process in order to qualify for the program, provide a copy of current immunization records, and provide proof of accident insurance (see below.)

Non-HCS students are scheduled so that current HCS students are not denied a session.



**PASSPORT LEARNING**  
**WWW.PASSPORTLEARNING.COM**

**INSURANCE COVERAGE/ MEDICAL INFORMATION:**

AROUND-THE-CLOCK (24HOUR) INSURANCE COVERAGE IS REQUIRED FOR ALL GRADES.  
Student insurance is available through the school if needed.

Name of Insurance Company \_\_\_\_\_

Covered under Father's Policy? \_\_\_\_\_ Covered under Mother's ? \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_ Policy # \_\_\_\_\_ Patient # \_\_\_\_\_

Recommended Hospital \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does this student have any allergies? \_\_\_\_\_ Medical Problems ? \_\_\_\_\_

Take any medication on a regular basis? \_\_\_\_\_

If yes, please explain and/or list medications(s). \_\_\_\_\_



HOPE CHRISTIAN SCHOOL  
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