

PASSPORT READING PROGRAM

2011-12 REGISTRATION FORM



GRADES: 3rd 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 Spriggs, the Tutoring Coordinator to schedule sessions. Call 822-8868, Ext. 543 or email drspriggs@hcsnm.org. Messages are checked daily, Monday

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 READING PROGRAM** offered by Hope Christian School is a computer driven training method designed to increase the student's vocabulary and reading comprehension 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
8005 LOUISIANA BLVD., NE
ALBUQUERQUE, NM 87109
(505) 822-8868