STMS Math Academy Registration

Student Name - ________________________________

Math class - (please circle)  CC6  AdvCC6  CC7  AdvCC7  CC8  Algebra I

Academy Date - ________________________________

Our signatures below acknowledge that the student named above has permission to attend the STMS Math Academy. We understand that we must arrive on time at 9 am with all materials (notebook, Chromebook, assignments, pencil) and that a parent will pick them up at 11 am. If my child is unwilling to work or disrupts the academy, we understand that they may be excluded from attending future sessions.

________________________________________    _____________________________
Student Signature                          Parent Signature

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