

Summer Math Review for Incoming 4th Graders

Student Name: _____

Parent Information:

Name: _____

Phone Number: _____

Email: _____

What concepts do you think your child would benefit from most?

Please attach your payment of \$120 per session. Spaces will be reserved for the first 10 paid registrations. This payment is non-refundable.

Please return this form and payment to the 4th Grade classroom or front office.