

## Atlanta Area School for the Deaf Monday Evening Sign Language Classes

Welcome to our 2010-2011, school year! We are excited to invite the community as well as our families to our evening Sign Language Classes. Our classes meet Monday evenings for 9 weeks, 6 PM- 7:30 PM. The cost is \$80.00, per person.

We provide introductory knowledge about American Sign Language and Deaf Culture. We have a commitment of inclusion; therefore we invite individuals who are willing to learn American Sign Language to engage in communication with individuals who are deaf/hard of hearing.

### Fall Session:

August 23 through November 1, 2010

*(No classes: 9/6 and 10/11)*

### Winter Session:

November 15, 2010 through February 7, 2011

*(No classes: 12/20, 12/27/10; 1/3 and 1/17/11 )*

### Spring Session:

February 28 through May 2, 2011

*(No classes: 4/4/11)*

**\*Please note:** Classes are cancelled whenever the school is closed due to inclement weather.

For additional information feel free to contact:

Dona Harris,  
Voice: 404-298-3613  
Video Phone (VP): 866-639-2821  
E-Mail: [doharris@doe.k12.ga.us](mailto:doharris@doe.k12.ga.us)  
Fax: 404-299-4485

ATLANTA AREA SCHOOL FOR THE DEAF

**890 North Indian Creek Drive  
Clarkston, Georgia 30021**

2010 Fall Sign Language Classes

**Monday, August 23, through, Monday, November 1, 2010**

**(No classes: 9/6/and 10/11/10)**

Atlanta Area School for the Deaf (AASD) is proudly offering sign language classes to AASD and GA PINES parents/grandparents, family members, siblings (age six and over), and families with deaf children from the local school systems as well as interested members of the community. The cost is **\$50** per person for AASD/GA PINES families and **\$80** per person outside of AASD/GA PINES. The registration fee is **non-refundable** after the first class. ***We will send confirmation only if classes are cancelled or if the registrant is declined.*** The classes will be held **Monday evenings**, August 23, through, Monday, November 1, 2010, **from 6:00 PM to 7:30 PM**. On-site registration is available Monday, August 23, 4PM-5:30 PM. **Payment may be made by cash or money order. We are not able to accept personal checks.** Applications may be faxed to (404-299-4485) or mailed with payment prior to the first day of class.

**Please Note:** Participants will not be able to enter the school until 5:45 P.M. without a prior appointment to meet with a member of our staff. We apologize for any inconvenience; however, we must ensure the safety of all persons within our facility. Classes will end promptly at 7:30 P.M. All students and staff will be encouraged to leave the school campus no later than 7:45 P.M. with the exception of the last day of the classes. Participants will not be permitted to have visitors attend classes with the exception of specific activities arranged by the Sign Language Class Coordinator.

**Atlanta Area School for the Deaf will use the following text book: “A Basic Course in American Sign Language” written by, Tom Humphries, Carol Padden and Terrence J. O’Rourke. In conjunction with the textbook; instruction will focus on visual learning, practice and handouts when needed. Textbooks are not provided at the Atlanta Area School for the Deaf.**

Proficiency in signing is based on repetition and use. There are no grades given; however, our policy for moving students from one level to another is based on attendance, participation, quizzes and instructor recommendation. We encourage everyone to attend all classes. Up to three missed classes are permitted. If **more than three** classes are missed, the student will remain on the same level for the following session.

The last class (November 1) is a “Social Night”. Friends and family members, along with the Deaf community are invited guests.

If you have any questions please contact Dona Harris, Social Worker, at (Voice) (404)-298-3613,

fax: (404)-299-4485 or E-mail: [doharris@doe.k12.ga.us](mailto:doharris@doe.k12.ga.us).

ATLANTA AREA SCHOOL FOR THE DEAF  
SIGN LANGUAGE CLASSES

**Previous Student** \_\_\_\_\_ LEVEL: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

**Day:** \_\_\_\_\_ Monday \_\_\_\_\_ Saturday **(Families with deaf children)**

Please Print:

NAME: \_\_\_\_\_

Level Completed: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

**AGE: 12-15** \_\_\_\_\_ **16-19** \_\_\_\_\_ **20+** \_\_\_\_\_

I took the previous class: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring

\_\_\_\_\_ I did not complete the class and will take the same level again next session.

\_\_\_\_\_ I completed the class and will move to the next level.

\_\_\_\_\_ I completed the class but prefer to remain in the same level

Check One:

\_\_\_\_\_ My address is the same as the previous one in the last session

\_\_\_\_\_ My address has changed. Here is the correction

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENINGS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

**OFFICE USE ONLY:** \_\_\_\_\_ **FALL** \_\_\_\_\_ **WINTER** \_\_\_\_\_ **SPRING 20** \_\_\_\_\_

Date registration payment received: \_\_\_\_\_

Payment: \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$80.00 \_\_\_\_\_ \$60.00 \_\_\_\_\_ **(Saturday families outside of AASD)**

Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Receipt# \_\_\_\_\_

**Student will be in level:** 1 2 3 4 Instructor: \_\_\_\_\_

ATLANTA AREA SCHOOL FOR THE DEAF  
SIGN LANGUAGE CLASSES

**New Student**

LEVEL: \_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3

Day: \_\_\_\_\_Monday \_\_\_\_\_Saturday (**Families with deaf children**)

**Please Print:**

NAME: \_\_\_\_\_

AGE: 12-15 \_\_\_\_\_ 16-19 \_\_\_\_\_ 20+ \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENINGS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ I am an AASD/GA PINES parent/grandparent or family member. If so

Child: \_\_\_\_\_

Teacher/Advisor: \_\_\_\_\_

\_\_\_\_\_ I am a staff member of AASD/GA PINES or a bus driver/monitor of AASD students. If you are a bus driver/monitor, please state your county \_\_\_\_\_

(Name of County)

\_\_\_\_\_ I am interested in taking sign classes. Briefly explain why on the following lines:

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\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

OFFICE USE ONLY: \_\_\_\_\_FALL \_\_\_\_\_WINTER \_\_\_\_\_SPRING 20\_\_\_\_\_

Date registration payment received: \_\_\_\_\_

Payment: \_\_\_\_\_\$50.00 \_\_\_\_\_\$80.00 \_\_\_\_\_ \$60.00 \_\_\_\_\_ (**Saturday families outside of AASD**)

Cash \_\_\_\_\_Money Order Receipt# \_\_\_\_\_

This student will be in level: 1 2 3

Instructor: \_\_\_\_\_

**NOTICE TO ALL APPLICANTS:**

If you are **NOT** available to attend and wish to continue hearing from us for future sessions, please complete this form and return it to Dona Harris. Once it is returned, your name will remain on the mailing list. Otherwise, your name will be removed. Thank you.

\_\_\_\_\_ Yes, please keep me on the mailing list!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Phone Number: Day: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Night: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Mail this form to:**

Dona Harris, School Social Worker  
Atlanta Area School for the Deaf  
890 North Indian Creek Drive  
Clarkston, GA 30021