



Folsom Cordova Unified School District

2019-20 Spanish Language Magnet Program Application for Folsom Hills Elementary School

Application due February 1, 2019

Application Date: _____

Student Name: _____ Date of Birth: _____
Last First

School of Residence: _____ **2019-20** Grade: _____

Parent/Guardian Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Phone (home & emergency): _____ Cell: _____

If not a Folsom Cordova USD school, name of school district: _____

Names and grades of any siblings who are currently attending the Spanish Magnet Program at Folsom Hills:

Name: _____ Grade: _____ Name: _____ Grade: _____

If your *Kindergarten* child is not selected for this program, do you wish to have his/her name placed on the *Kindergarten* waiting list?

Yes No

If the Spanish Language Magnet Program is currently full in grades 1, 2, 3, 4 or 5, do you wish to have your child's name added to the waiting list? If so, please check below.

Yes No Please check grade level: 1st 2nd 3rd 4th or 5th

Please read and initial the following:

_____ I understand that transportation is my responsibility if my child is selected for participation in this magnet program.

_____ I understand that student spaces will be allotted to ensure broad representation across the community. I also understand that if there are more applicants than available spaces, participants will be selected by random drawing.

_____ I understand that there will be a significant difference in homework and parental involvement in the Spanish classrooms as opposed to core; an additional 30 minutes to an hour per night is needed.

_____ I have completed and submitted an application packet for my child's home school.

Parent/Guardian signature: _____ Date: _____