



# Folsom Cordova Unified School District

## 2020-21 Spanish Language Magnet Program Application for Folsom Hills Elementary School

Application due February 1, 2020

Application Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

School of Residence: \_\_\_\_\_ **2020-21** 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: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  or 5<sup>th</sup>

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: \_\_\_\_\_