



**SUMMER LEARNING RECOVERY INSTITUTE 2022
REGISTRATION FORM
MILLS & W.E. MITCHELL MIDDLE SCHOOLS**

Location: Mitchell Middle School

Dates: Monday, June 6th - Friday, June 24th (Classes are Monday - Friday)

Time: Period 1: 8:30 AM – 10:30 AM

Break: 10:30 AM – 10:45 AM

Period 2: 10:45 AM – 12:45 PM

The Folsom Cordova Unified School District is pleased to invite your student to the Summer Learning Recovery Institute. We have selected your student to receive instruction in English Language Arts, English Language Development, and/or Math to increase mastery and recover learning. Classes will be offered in person. Chromebooks and course materials will be provided for each student.

Complete this form and return to your student's current school office no later than Tuesday, May 24, 2022. Students must be currently attending an FCUSD School in order to enroll and participate.

Current School: Mills W.E. Mitchell **School Attending Fall of 2022:** Mills W.E. Mitchell Cordova _____

Student Information: (Please Print)

| | | | | |
|-----------|------------|----|---------------|---------------|
| Last Name | First Name | MI | Grade (21/22) | Date of Birth |
|-----------|------------|----|---------------|---------------|

| | | | | |
|----------------|-------|------|-----|------------------|
| Street Address | Apt # | City | Zip | Telephone Number |
|----------------|-------|------|-----|------------------|

| | | |
|-------------------------|---|--|
| Parent/Guardian Name(s) | Parent/Guardians Work or Cellular Phone | Parent/Guardian Work or Cellular Phone |
|-------------------------|---|--|

Parent/Guardian Email Address

| | |
|----------------------|-----------------|
| Emergency Contact(s) | Phone Number(s) |
|----------------------|-----------------|

Recommended Courses:

English Language Arts:

- 6th Grade ELA
- 7th Grade ELA
- 8th Grade ELA
- English Language Dev.

Mathematics:

- 6th Grade Math
- 7th Grade Math
- 8th Grade Math

For Counselor/Teacher Use Only:

Grades:

ELA: _____ / _____
 Math: _____ / _____
 ELL: Yes No
 SPED: Yes No

Assessments:

iReady ELA: _____
 iReady Math: _____
 ELPAC: _____

Medical Information:

LIST CRITICAL HEALTH INFORMATION and ALLERGIES: _____

In case of an accident or sudden illness, when a parent or guardian is unavailable, I authorize a school representative to obtain medical care for my child, including necessary transportation, in accordance with their best judgment. I further authorize the doctor name below to provide the care and treatment they consider necessary. If the physician designated below is unavailable, I authorize such care and treatment to be performed by any licensed physician or surgeon selected by the school representative. I agree to pay all costs incurred as a result of the foregoing.

Medical Insurance Company: _____ **Medical or Patient ID#:** _____

Physician Name: _____ **Physician Phone Number:** _____

Acknowledgement of Registration:

Classes meet Monday-Friday from 8:30-12:45 PM. Classes will meet in-person. Lunch will be provided at 12:45 PM daily. Transportation will not be provided.

Student Signature

Date

Parent Signature

Date

If you have any questions, please do not hesitate to contact your middle school. Counselors are available for any questions you may have.

W.E. Mitchell Middle School
(916) 294-9050

Mills Middle School
(916) 294-9045