

**FCUSD SATURDAY LANGUAGE SCHOOL REGISTRATION FORM
2024-2025**

OPEN ENROLLMENT

CORDOVA MEADOWS – IMMIGRANT INTERVENTION PROGRAM

**Please complete the form below, accepting or declining this placement and
return this form to your school by **Friday, August 30, 2024****

- Yes**, my child will attend the Saturday Language School program (please complete information below).
- No**, my child will not attend the Saturday Language School program (reason)_____

Parent Signature: _____ **Date:** _____

****** If your child will be attending, please complete the information below ******

Current Grade: _____ Current School: _____

Student's Birth Date: _____ Current Teacher: _____

Female Male Other

Last Name First Name M.I.

Parent/Guardian Name Street Address City Zip

Home Phone Cell Phone Mother's Work Phone Father's Work Phone

Emergency Contact Address Phone

E-mail: _____

My student may be released to: _____

Special Information/Health Notes: _____

In case of an accident or sudden illness, when a parent or guardian is not available, I authorize the school representative to obtain medical care for my child, including necessary transportation, in accordance with his/her best judgment. I further authorize the doctor named below to provide the care and treatment he/she considers 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.

Doctor's Name Address Phone Number

Medical or Patient I.D. Number Parent or Guardian Signature

Please indicate any medical problems (allergies, seizures, etc.): _____

For Office Use Only:

Please return completed Saturday School form to Categorical Programs Dept. by **Friday, August 30, 2024**

*****School District rules and regulations will be enforced during Saturday Language School.*****

