

(;3\$1'(' /(\$51,1* 352*5\$0152//0(17)250)25

3OHDVLRQYURDWCDFNIRUDQGCER[HVRPSOHLWZLWEDFN EOXH<7KH/EPLVVRVOKLXOORPSGBW
DSSOLFDFWLRQLVQRWDJXDUDQWHH RIGRQURPOPHQWOQBYRVGGQVMDQSUJWQDQMDQDXSD
VRODPHQLWHRI)RQWDQD+RWOLQH DW %R\ V *LUOV &OXE DW ()RQWDQ

6WXGHQW /DVW 1DPH \$SHOOLGR \$HGXHWG\LDQWH 1DPH 1RPEUH GHO HVWXGLDQWH	6FKRRO 3ODQWHO HV
\$GGUHV 'RPLFLOR	&LW\ &XGD =LS &RGH &yGL R 3

,V WKH VWXGHQW D)RVWHU <RXWK" GH &RMLHQ JHVWXGLDQWH XQ QLxR D
,V WKH VWXGHQW LGHQWLILHG DV 0F. DQVW XG DQVW ZLWXHGW" LILFDGRHFRPR
0F.LQQH\ 9HQWR FRQ HO 'LVWULWR GH)RQWDQD"
,V WKHUH D /HDDH\XVWVGH \$XVWRHJQMG DGXOWV WR SLFN \$SRVKH D VWXGHQW IURP WKH

0LQLPXP RI DUH UHTXLUHG 0XVW EH G\SDUVHQRWD 98/RUSRVRU Wampted below must match ID 62/2 HO 3DGHU 7XWRU /HJDO UHJLVWUDQGR SXHG SURSRUFLRQDU \ PRGLILFDU OD OLVWD GH 6H UHTXLHUH XQ PtQLPR GH DGXOWRV 'HEHQ WHQHU PtQLPR DxRV GH HGDG \ SUHVHQW DU , \$6 /RV QRPEUHV GHEHQ FRLQFLGLU FRQ OD LGHQWLILDFLyQ			
/HJDO)DWKHU *XDUGLDQ 1DPH 1RPEUH 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV /HJDO 5HJLVWUDQGR	3KRQHPEU 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV \$OWHUQR R FRUUHR HOHFWuyQLFR	1DPH 1RPEUH	3KRQHPEU 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV \$OWHUQR R FRUUHR HOHFWuyQLFR
1DPH 1RPEUH	3KRQHPEU 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV \$OWHUQR R FRUUHR HOHFWuyQLFR	1DPH 1RPEUH	3KRQHPEU 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV \$OWHUQR R FRUUHR HOHFWuyQLFR
	5HODWLRQVKLS 3DUHQWHJFR		5HODWLRQVKLS 3DUHQWHJFR

(PHUJHQF) &RQDFW &RQDFWR 3KRQHPEU 1-PHUR GH WHO \$SRVHU RU 7HPO LQGR\HPSOH DGRU R (PSUHV
OD SRVLEOH WHUPLQDFLyQ GHO SURJUDPD SDUD HO Dxr HVFRODU D SURS

(;3\$1'(' /(\$51,1*352*5\$0 (152//0(1)250)25

.QLWLD
.QLFLD
3URJUDP;

3OHDVH 5HDG

)DYRU GH OHHU

FONTANA EXPANDED LEARNING PROGRAM

202 -202 PARENT/LEGAL GUARDIAN ACCOUNT INFORMATION CARD

School Site:			
Student Full Name:		<u>Student</u> Date of Birth:	MM / DD / YY
Parent/Legal Guardian Name: Primary Contact <input type="checkbox"/>		<u>Parent/Legal Guardian</u> Date of Birth:	MM / DD / YY
Parent/Legal Guardian Name: Primary Contact <input type="checkbox"/>		<u>Parent/Legal Guardian</u> Date of Birth:	MM / DD / YY

Mailing Address:		City/Zip:	
Cell Phone:	() -	Work Phone:	() -
		Home Phone:	() -

Email:

PROGRAMA DE APRENDIZAJE AMPLIADO DE FONTANA

202 -202 TARJETA