

****French 1 is for students who are new to French; French 2 is for students who have taken French previously.**

Name of Student: _____

Grade: _____

Program and Discipline Policy

Class registration information: Minimum enrollments required for French, Chess and Math Clubs. Should your preferred class not meet the minimum enrollment, a shorter session of the class may be offered for the same price or an alternate class may be suggested. If the minimum is not met and an alternate option is not acceptable, your check will be returned to you or shredded upon request. No refunds will be given in the event that a student drops the class once the term has started. Confirmation of the schedule and location will be emailed prior to the start of term.

Class attendance information: Parents/guardians are responsible for transporting children to morning class. Only students enrolled in an enrichment class will be admitted to the building-siblings or friends NOT enrolled will NOT be admitted until the school opens at 8:45AM. Students may enter through the 6th grade Elective Hallway at 8AM.

Discipline Policy: The instructor/advisor will first discuss inappropriate behavior with the student. If there is a second disruption, parent/guardian will be contacted by phone or in writing. Should problems persist, the student will only be allowed into the class when accompanied by his or her parent. No refund will be issued should the student choose to drop the class.

Scholarships: Full and partial scholarships are offered on the PTSA sponsored programs. Please indicate on registration that you require assistance and we will make arrangements.

Medical Information: In the space below, please list special health conditions we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special diets needed:

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone Number: Home/Cell/Work: _____

Parent/Guardian Email: _____

Emergency Contact Person: _____ Emergency Contact Phone Number _____

Name of Preferred Doctor: _____ Doctor's Phone Number: _____

Going Home Plan (after-school activities): _____

PTSA Scholarship _____

Please email jen burgess at lasiocarpa@comcast.net with questions
Complete one registration form per child, sign and return with payment (payable to FMS PTSA)
to the PTSA mail slot in the school office.