

Folsom Co		
Unified	School	District

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Application due February 29, 2024	Application Date:		
Student Name:	Date of Birth:		Date of Birth:
Last	First		
School of Residence:	2024-25 Grade:		
Parent/Guardian Names:			
Address:		City:	
State:Zip:	Email Address:		
Phone (home & emergency):		(Cell:
<u>If not</u> a Folsom Cordova USE) school, name of scl	hool district	:
Names and grades of any siblings who	o are currently atten	ding the FL	ES Program at Folsom Hills:
Name:	Grade:	Name:	Grade:
If your <i>Kindergarten</i> child is r placed on the <i>Kindergarten</i> w		orogram, do	o you wish to have his/her name
Yes 🔲 No 🗖			
If the FLES Program is current name added to the waiting list			do you wish to have your child's
Yes 🗋 No 🗋	Please check gr	ade level:	1 st 2 nd 3 rd 4 th or 5 th

Please read and initial the following:

- I understand that if my child is selected for participation in this program, Folsom Hills would become their homeschool and no further application would be due. However, if I were to choose to have my student leave the program, they would return to their homeschool site.
- I understand that transportation is my responsibility if my child is selected for participation in the FLES program.
- I understand that there will be a significant difference in homework and parental involvement in the FLES 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.