





Mark Twain Elementary PTSA—After School Foreign Language Program

Instructors Provided by Seattle Languages International Registration Form – Fall 2009 Session Priority Registration Ends Sept. 21st

Student's Name (Last)		(First)	Grade
Parent Name(s)			
Address		Email	
Daytime Phone: #		Evening/Other Phone#	
	ry preferences will onl		"1" means first preference, "2" r than 6 or more than 13 students
Class	Day	Time	Class Preference
Spanish	Monday	3:15 — 4:00	
French	Monday	3:15 — 4:00	
Notes:			
office. A lot	tery system will be used	in cases where there are more	checks are received at Mark Twain e than 13 students requesting the cancelled if enrollment is below 6 stu-
-		email: florence_canel@hotmail	
I understand there is up my child on time. 24th. I understand t week, and help with volunteers show up, Students and parent	s no supervision provion I understand that not hat this after-school publications and student sign-ins and a refund cannot be	o refunds can be given for v rogram relies on PTSA volu sign-outs. I also understand be issued in such a case. w respect to classmates, ins	guage classes and that I must pick withdrawals notified after Septembe nteers to oversee the classes each d that classes may be cancelled if no structors, classrooms and property
Parent/Guardian Signature			Date
			perone one class per session. A sign school snack that they can enjoy in



☐ I understand that in order for my child(ren) to participate in the after school foreign language program, I must be a PTSA member with a current background check. I agree to chaperone one language class per session. This applies to other family members such as grandparents, aunts, uncles or siblings over 18 years, etc.

the classroom before the class begins. Please arrange transportation for your child after the class.