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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