

Twin Lakes Secondary School

EXTENDED FRENCH PROGRAM - EXPRESSION OF INTEREST
(for non-EFSL Grade 8 Students)

Name: _____

School: _____ Grade 8 Teacher _____

Phone#: _____

Student e-mail address: _____

Parent/Guardian Name: _____

Parent/Guardian email: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Enrolment in the EFSL program, for non-EFSL grade 8 students, will be allotted based on availability. Students will be informed of the program status before the end of the current school year.

Please return this form to the Guidance Office at Twin Lakes by FRIDAY, MARCH 1, 2019.

| | |
|---------------------------|-------------------|
| <u>Office Use:</u> | |
| Date received: | _____ |
| EFSL admittance: | _____ |
| Student contacted: | _____ Date: _____ |
| PS change: | _____ Date: _____ |