

Expression of Interest for the Proposed* Senator Buchanan Arabic Elective

PARENT INFORMATION:

First & Last Name: _____

Address: _____

City, Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Current School: _____

Child 1: _____ Current Grade: _____

Child 2: _____ Current Grade: _____

Child 3: _____ Current Grade: _____

Child 4: _____ Current Grade: _____

Please check applicable box:

- I am in the Senator Buchanan Elementary School attendance boundary and will want my child (ren) to take the Arabic Elective.

- I would normally register in _____ School
but will be registering my son(s)/daughter(s) at Senator Buchanan Elementary School to access the Arabic Elective.

Please note that transportation is only provided for students who live within the school's boundary and live greater than 2.4 kms away from the school.

Please return this completed form to Lethbridge School District No. 51, Education Centre, 433 – 15th Street South, Lethbridge, AB, T1J 2Z5 to the attention of Deb Bosch or via email at deb.bosch@lethsd.ab.ca on or before March 26th, 2018.

**Only if student numbers warrant will we be offering this Elective.*