

FLES PROGRAM
Fall / Spring 201__

NAME _____
LANGUAGE _____
YEAR _____

GRADE PREFERENCE _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

SCHOOL PREFERENCE: East West Morrison The Plains Alexander any
(circle one)

HAVE TRANSPORTATION: YES YES, CAN TAKE OTHERS NO
(circle one)

SCHEDULE: (Cross out times when you are *NOT* available due to classes, work schedule, etc.)
(Be sure to allow time for travel to and from schools)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					

COMMENTS: