



FREMONT UNIFIED SCHOOL DISTRICT
Office of Student Support Services
4210 Technology Drive – Room 160
Fremont, CA 94538
(510) 659-2514

FOR OFFICE USE ONLY:	
School of Residence:	_____
Student Name (Last)	_____
Student Name (First)	_____
Gr in 18/19 _____	ID #: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
Director, Student Support Services	
Date Information Entered into Illuminate: _____ by _____	

2018/2019 K-6th SCIENCE MAGNET APPLICATION

Application Period Starts March 28, 2018

The Fremont Unified School District is proud to offer the following special program to students in Kindergarten-6th grades:

The Science Magnet at Mattos Elementary School offers a "Soaring into Science" program that turns natural curiosity into a unique learning experience for students in Kindergarten through sixth grade. The program uses approved district and state curriculum standards. Students may enter the Science Magnet at any grade as space is available.

Student Name (Last, First) _____ Date of Birth _____ Gr in 18/19 _____

Special Ed.: No Yes (Resource, Speech, Special Day Class (SDC) /Other _____) 504 Plan: No Yes

Is parent/guardian an employee of the Fremont Unified School District? No Yes *Site:* _____

Sibling Information (current year, if applicable)

Sibling Name (Last, First) _____ Date of Birth _____ Gr _____

Is this student currently in a Science Magnet Program? No Yes

I understand the following:

Initial Here

- if I accept placement of my student in the requested program, I understand my student may remain until completion of the program, as long as my student remains a resident of Fremont. _____
- if I accept placement of my student at the requested program, my student's resident status at the home school will be terminated and my student will lose registration priority at the home school. _____
- if I later decide I want my student to return to the home school, my student will be admitted as a new student based on space availability. If space is not available, I understand my student will be assigned to another school. _____
- I am responsible for providing any necessary transportation for my student to attend the requested program. _____

Name of Parent/Guardian _____ Contact Number _____

Home Address _____ Apt. # _____ City _____, CA Zip Code _____

E-Mail Address _____

Date _____ Signature of Parent/Guardian _____