



# Freedom Schools Express Program - FSX Extended Day Learning Program Elementary Schools

Dear Parent or Guardian,  
Your child is invited to enroll in the Freedom Schools Express Extended Day Learning Program. Students who participate in FSX/EDL have opportunities to:

- Discover and explore new abilities and interests
- Make friends and improve school skills
- Be creative, active, healthy, and have fun

This FREE program runs two or four days per week for one hour and 45 minutes at most schools (schedule and calendar on backside) and includes:

- A snack
- Bus transportation home for students living more than 1/2 mile from school
- Walkers will be assisted to cross busy intersections
- Instruction by certified teachers and specialists
- Instrumental Music instruction (Band or strings at some schools) for interested students in grades 4 and 5. A separate registration form will be sent home for this.

If you have questions call your student's school and ask to speak with the EDL program site coordinator or the Department of Alternative Education at 651-744-8020.

**To enroll, complete this form and return it to your student's school.**

Student Name \_\_\_\_\_ (Student ID #) \_\_\_\_\_

Current Grade: K 1 2 3 4 5                      Teacher Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Drop-Off Address (if different from home address; must be within school attendance area) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone: Main \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Main \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

1. I give permission for my child to be in photo or filming sessions of program activities that may be used for program or St. Paul Public School promotions. YES \_\_\_\_\_ NO \_\_\_\_\_

2. My student has prescription medication, food allergies, or medication allergies. YES \_\_\_\_\_ NO \_\_\_\_\_

3. If YES to the above, please specific health condition/medication: \_\_\_\_\_

4. My student is interested in enrolling in Instrumental Music (ONLY Grades 4 & 5). YES \_\_\_\_\_ NO \_\_\_\_\_

5. I give permission for my student to attend the Extended Day for Learning (EDL) program at his/her school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_