

**Do You Speak Spanish?** **Do you want to practice your Spanish?**

*If you said yes, you would enjoy.*

***¡HABLEMOS SPANISH AFTER HOURS!***

**2019-2020 HABLEMOS CLUB APPLICATION**

Requirements to become and maintain status as an active member in Spanish Club:

Get an application from ¡**Hablemos!** Leaders or outside of room 209 and return it to Sra. Muñoz by October 2nd.

Meeting Days will be **Wednesdays** except Holiday Party. We can only take 25/30 students per activity. To be able to come you must have this application turned in and sign up for the activities you want to attend by Monday each week**. *(You will receive an invite every Monday)***

**Activities will begin at 3:50 and end at 5:00pm***(there is an after school bus available)*

First activity is **Wednesday Oct 2**

**HABLEMOS SPANISH AFTER HOURS 2019-2020**

**Member Application 2019-2020**

***The purpose of the club is to bring together students who are  interested on practicing Spanish and learning more about the Spanish speaking culture and language through fun activities.***

**Member Information**

Student Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: 6, 7 Advisory Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt size: S M L XL

 **Media Release Form**

*“I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.”*

Parent: please initial one of the options below...

\_\_\_\_\_ Yes, I give my consent. \_\_\_\_\_ No, I do not give my consent.

Any concerns with Allergies or other that we need to be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Acknowledgement**

**I understand the organization requirement is that I only speak Spanish when attending. If I fail to do so I will not be able to attend the next activity. I also understand that I must be courteous and respectful to others at all times.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Signature

**Parents:**

If you would like to volunteer to help at an activity please check this box and you will receive an invite when we need help.

I give permission to my son/daughter to participate in HABLEMOS 2019-20

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