REGISTRATION FORM

Class Date(s)_____

Student Name_____

Birth date_____* M____ F____ Grade _____Name student wants to be called in class: _____

**Student must be at least* 11 *years old.*

Parent/Guardian_____Phone (Home)_____

Parent/Guardian Cell _____ Phone (Work)_____

Address _____ City: _____ State: _____ Zip:_____

Parent/Guardian Email |___|___|___|