Parent Name(s):_____

Address:_____

Phone #:_____ Cell phone #:_____

E-mail Address:_____

Student's Name	Birth Date	Grade
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____

Emergency Contact Name & Phone #:

_____

Comments/Additional Information:

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