



Enterprise School District #21 School Enrollment Form

201 SE 4th St.
Enterprise, OR 97828

DO NOT WRITE IN AREA - FOR OFFICE USE ONLY

Student School Number	School Entry Date	SSID:	Grad Year
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STUDENT NAME: <i>(Legal Last Name)</i>	Legal First Name	Legal Middle Name	Also known as:
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Birthdate(Month/Day/Year)	GENDER: F M X	Birthplace: City County State Country	Grade Level:
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District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Resident District _____	Military Family Status: Active Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY LANGUAGE SPOKEN AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Other _____
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PRIMARY HOUSEHOLD (primary parent/guardian where student resides) <i>Legal Last Name (of primary contact) Legal First Name Middle Name</i> RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	PRIMARY CONTACT # (Including area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted	Contact Phone #2 (area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted
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<i>Legal Last Name (of primary contact) Legal First Name Middle Name</i> RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	PRIMARY CONTACT # (Including area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted	Contact Phone #2 (area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted
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RESIDENT ADDRESS: Street	Apt #	City	State	Zip
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Mailing Address: Street	Apt #	PO Box	City	State	Zip
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Family Email Address	Additional Email Address
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SECOND HOUSEHOLD (Non-custodial parent/guardian not residing with student) <i>Legal Last Name (of primary contact) Legal First Name Middle Name</i> RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	Phone #1 (Including area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted	Contact Phone #2 (area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted
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<i>Legal Last Name (of primary contact) Legal First Name Middle Name</i> RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	Phone #1 (Including area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted	Contact Phone #2 (area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Please check if unlisted
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RESIDENT ADDRESS: Street	Apt #	City	State	Zip
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Second Household Mailing Address:	Apt #	PO Box	City	State	Zip
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Second Household Email Address	Additional Email Address
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IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school)

IS THERE A RETRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school)
 Restraining order is against: Father Mother Other _____ Copy Attached

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City/State)
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OPT OUT OPTIONS: If you wish to have your student Opt Out of any of the following, please indicate below.

Photo Release
 Yearbook
 Website
 Newspaper
 School Directory
 Display of Work
 TV/Radio
 All Student information
 College Recruitment
 Military Recruitment

Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes No

If yes, please provide the tribe name: _____

(This information establishes the District's eligibility for a federal grant under the Title IV-A of the Indian Education Act. Complete information will be sent to students marked "Yes" for this item?)

Has the student ever been expelled from school? YES NO If YES, reason: _____

Date: _____ Name of School: _____

HAS YOUR CHILD EVER BEEN RETAINED? YES NO If YES, at what grade level(s) _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? YES NO

HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) YES NO

HAS YOUR CHILD EVER QUALIFIED OR HAD A 504 PLAN? YES NO

HAS YOUR CHILD PARTICIPATED IN:

Title-Title 1 Services Gifted-Accelerated Learning Program ELL-English Language Learner

COMPLETE THIS INFORMATION IF YOUR CHILD IS AN ELEMENTARY STUDENT ~ K-6

Transportation Walk Pick Up Day Care Van

Name of Caregiver: _____ Relationship: _____ Cell #: _____ Home#: _____

Address: _____

PLEASE LIST OTHER SIBLINGS ATTENDING ENTERPRISE PUBLIC SCHOOLS

Last Name First Name School Grade

Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child

FIRST EMERGENCY CONTACT	Relationship to Child	Phone #1 (include area code)	Phone #2 (include area code)
Legal Last Name Legal First Name		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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First Contact Address Street City State Zip

SECOND EMERGENCY CONTACT	Relationship to Child	Phone #1 (include area code)	Phone #2 (include area code)
Legal Last Name Legal First Name		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

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First Contact Address Street City State Zip

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact the parent/guardian immediately.

If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____



Enterprise School District #21 Emergency Information

In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information
Please fill out completely. Please Print.

Student Name: _____ DOB: _____ Grad Year: _____
Last First Middle Initial

Home Address: _____ Home Phone: _____
Street City Zip

Lives with: Parents Mother Only Mother/Stepfather Father only Father/Stepmother Guardian
Other: _____

Parent/Guardian Name 1: _____ Cell Phone: _____ Home Phone: _____

Parent Email: _____ Employer: _____ Work Phone: _____

Parent/Guardian Name 2: _____ Cell Phone: _____

Parent Email: _____ Employer: _____ Work Phone: _____

Primary language spoken at home: English Spanish Other: _____

Day Care Provider (if applicable): _____ Phone: _____

Please complete the following if student has a non-custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.

Parent/Guardian Name 1: _____ Cell Phone: _____ Home Phone: _____

Parent Email: _____ Employer: _____ Work Phone: _____

Parent/Guardian Name 2: _____ Cell Phone: _____

Parent Email: _____ Employer: _____ Work Phone: _____

In addition to the parent/guardian, if you cannot be reached, the school may call and release your child to any of the following:

Emergency Contact #1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #3: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list all children in Enterprise School District this year.

Last Name	First Name	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian: _____

Date: _____

See back of form for Health History Information



Enterprise School District #21 Health History

(Last, First): _____ Student Name
DOB: _____ M F Grade: _____

This information is needed to plan an appropriate program for your student and prepare for any emergency situation if one should arise.

LIFE-THREATENING CONDITIONS such as **ANAPHYLAXIS, DIABETES, SEIZURES or ASTHMA** have a health plan completed prior to the first day of school. Please contact the school office as soon as possible to ensure all paperwork is complete.

Medical History (check all that apply) or No Health concerns at this time (please sign below)

Congenital Conditions

Please List _____

Hematology (Blood)

*Hemophilia _____

Sickle Cell Anemia _____

Other Blood Condition _____

Cardiovascular/Heart Condition

Please List _____

Endocrine, Allergy, Immune System, Metabolic, and Nutritional

Allergy-Food _____

Allergy-Insect _____

Other Allergy _____

*Anaphylactic Condition (EpiPen)

Cystic Fibrosis

*Diabetes Type 1 Diabetes Type 2

Allergy to Medication(s) _____

Eating Disorder _____

Thyroid Disorder _____

Other Endocrine, Immune, or Metabolic Disorder _____

Gastrointestinal, Dental, and Oral Conditions

Celiac Disease Crohn's Irritable Bowel

Gastroesophageal Reflux Lactose Intolerance

Other _____

Liver Disease

Dental Condition

Oral Condition

Musculoskeletal and Connective Tissue

Juvenile Idiopathic Arthritis

Muscular Dystrophy

Osgood-Schlatter

Scoliosis

Other _____

Skin and Subcutaneous

Contact Dermatitis (Eczema)

Other _____

Nervous System

ADHD-Inattentive ADHD-Hyperactive/Impulsive

ADHD-Combined, Diagnosed by: _____

Autism Spectrum Disorder _____

Cerebral Palsy _____

Developmental Delay _____

Migraines Headaches Shunt

Intellectually Disabled _____

Paralysis _____

*Seizure Disorder _____

Sensory Condition _____

Spina Bifida _____

Spinal Cord Injury _____

Traumatic Brain Injury _____

Behavioral Health Conditions

Sleep Disorder _____

Tourette Syndrome _____

Other _____

Respiratory

Exercise-Induced Bronchospasm *Inhaler

Asthma-current *Inhaler

Asthma-ever diagnosis _____

Reactive Airway Disease _____

Other _____

Neoplasms (Cancer/Tumors)

Please List _____

Renal and Genitourinary

Chronic Urinary Tract Infection Urinary Reflux

Dysmenorrhea (painful menstrual periods)

Other _____

Eye and Ear

Hearing Impaired _____

Chronic Ear Infections _____ Ear Condition _____

Visually Impaired _____

Eye Condition _____

Wears Glasses _____ Last Eye Eval _____

Is medication needed at home? YES NO Please list: _____

Is medication needed at School? YES NO Please list: _____

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities. I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety



Enterprise School District #21

Race and Ethnicity Form

Question 1. Is your child of Hispanic or Latino origin?

YES

NO

Question 2. What race(s) do you consider your child? (Check all that apply)

American Indian or Alaska Native

Asian

Black or African american

Native Hawaiian or Other pacific Islander

White

Other _____

Required Information: If born in a country other than the United States, please answer the questions:

How many months have you been in the United States? _____ How many years? _____

Has your child had any formal education outside the United States?

Yes

No

Where and how long? _____

Legal Parent/Guardian Signature of Verification: _____ **Date:** _____

of my student.

Parent/Guardian Signature: _____

Phone: _____

Date: _____



Enterprise School District #21 Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C.11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below.

- | | |
|---|--|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> In someone else's house or apartment with another family |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> A car, park, campsite, or similar location | <input type="checkbox"/> Other |

Student is living with a parent or legal guardian

Student is unaccompanied (not living with a parent or legal guardian)

*I declare under penalty of perjury on the laws of the State of Oregon that the information here is true and correct.



Enterprise School District #21 Home Language Survey

This form is given to all students entering into a school district for the first time.

Descriptions	Questions
<p>Communication Preferences</p> <p>This question helps the school provide an interpreter or translated documents, free of charge, should you want them</p> <p><i>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</i></p>	<p>1. What language(s) would you prefer the school to use to communicate with you?</p> <p>_____</p>
<p>Eligibility for Language Development Support</p> <p>This section helps the school identify if your child should be assessed to receive support academic English instruction.</p> <p>This section is used to identify your child for English Language Proficiency placement testing. A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement.</p>	<p>2. What is the primary languages(s) used to communicate in your home?</p> <p>_____</p> <p>3. What language(s) did your child learn first?</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p>

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Student First Name _____

Middle _____

Last Name _____

Address or current residence: _____

Phone number or contact number: _____ Name of contact: _____

Print name of parent(s)/legal guardian(s): _____

(Or unaccompanied youth)



Enterprise School District #21 Computer Acceptable Use Policy

The Enterprise School District is pleased to offer its students access to the internet. The Internet is an electronic highway connecting hundreds of thousands of computers and millions of individual users all over the world. This computer technology will help propel our schools through the communication age by allowing students and staff to access and use resources from distant computers, communicate and collaborate with other individuals and groups around the world and significantly expand their available information base. The Internet is a tool for life-long learning.

Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which a student's parent or guardian would be liable. Every user is liable for actions taken by their username.

While the District's intent is to make Internet access available in order to further educational goals and objectives, students may find ways to access other materials as well. Even though the District institutes technical methods or systems to regulate student's Internet access, those methods could not guarantee compliance with the District's acceptable use policy. That notwithstanding, the District believes that the benefits to students of access to the Internet exceed any disadvantages. Ultimately, however, parent and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Toward that end, the Enterprise School District makes the district's complete Internet policy and procedures available on request for review by parents, guardians, and other members of the community; and provides parents and guardians the option of requesting for their minor children alternative activities not requiring Internet use.

NOTICE: this policy and all its provisions are subordinate to local, state and federal statutes.

By signing below, participant agrees to abide by the District's Computer Acceptable Use Policy and to be held liable for breaching such policy.

Student Signature: _____ Print Name: _____ Date: _____

Parent Signature: _____ Print Name: _____ Date: _____

Administrative Office
Enterprise Jr/High School
Enterprise Elementary School



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	Complete for all Up-to- date	
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>		Medical
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>			Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:
Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Signature of Parent or Guardian _____ Date _____

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____



Enterprise School District
 201 S.E. 4th
 Enterprise, Oregon 97828

Phone: 541-426-3812
 Fax: 541-426-4485

STUDENT EDUCATIONAL RECORD REQUEST

The following student(s) has/have enrolled in the Enterprise School District:

Student: _____ Birthdate: _____ Grade: _____
First Middle Last

Student: _____ Birthdate: _____ Grade: _____
First Middle Last

For the purpose of gathering data to educational programming, we request the transfer of records for the aboved-named student(s) between Enterprise School District and:

Name of School: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

Please mail or fax official school records including the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Educational Cumulative File | <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Special Programs Placement (IEP) |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Standardized Test Information |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> State Assessment Scores | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> Withdrawal Form and Grades | <input type="checkbox"/> Custodial or Guardianship Papers |

If Student is transferring from a school in Oregon, please include Oregon State Student ID#: _____

According to the Family Educational Rights and Privacy Act [U.S. Code: Title 20, Section 123g, a(6) 1B]. It is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's records without written consent for such release.

Lori Shaw, Office Manager
 Enterprise Elementary School
lshaw@enterprise.k12.or.us



Enterprise School District #21 Registration Checklist

When registering your student(s), please bring the following documents.

BIRTH CERTIFICATE

IMMUNIZATIONS

GRADE K-6 ~ CLASSROOM REGISTRATION FEE ~ \$8.00

ALL REGISTRATION DOCUMENTS ARE FILLED OUT AND SIGNED