

ALL INFORMATION IS REQUIRED BEFORE APPLICATION CAN BE PROCESSED

Name of Parent or Guardian: _____

Address: _____

Phone: _____ Email: _____

INFORMATION MUST BE COMPLETE AND ACCURATE FOR EACH CHILD

Child #1 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Child #2 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Child #3 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Child #4 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Child #5 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Child #6 - Name: _____ Age: _____ Gender: _____

Grade: _____ Teacher Name (Home Room): _____

Your signature confirms that the information provided is true and accurate for the 2017/2018 Academic School Year.

DO NOT RETURN FORM TO CANAL WINCHESTER SCHOOLS.

REGISTRATION MUST BE SUBMITTED TO:

CANAL WINCHESTER HUMAN SERVICES, FEEDING OUR FUTURE, 80 COVENANT WAY, CANAL WINCHESTER, OHIO 43110.

Signed: _____ Date: _____