



REQUEST FOR CLASS ASSIGNMENT FOR 2012/2013 SCHOOL YEAR

Name of Student _____

Birth date _____

Address _____

Name of your subdivision or nearest one _____

Home phone _____ Cell phones _____

Name of Parents _____

PLEASE NUMBER YOUR CLASS PREFERENCE:

- _____ Mon/Wed Morning 3/4 yr. Old class
- _____ Mon/Wed Afternoon 3/4 yr. Old class
- _____ Tues/Thurs Morning 3/4 yr. Old class
- _____ Tues/Thurs/ Afternoon 3/4 yr. Old class

- _____ Mon/Wed/Fri Morning 4/5 y. old class
- _____ Mon/Wed/Fri Afternoon 4/5 yr. Old class
- _____ Tues/Thurs/Fri Morning 4/5 yr. Old class
- _____ Tues/Thurs/Fri Afternoon 4/5 yr. Old c lass

- _____ M/T/W/TH Morning Pre-K 5/6 yr. Old class
- _____ M/T/W/TH Afternoon Pre-K 5/6 yr. Old class



Comments: (Carpool, work schedule, or other information helpful in accommodating you)

I understand that the registration fee I am paying in the amount of \$65 is non-refundable and non-applicable. Signed _____ Date _____

Registration Fee _____