A	Address	City	State	Zip
Home Telephone:		-		-
Today's Date:				
School Attending	9/2020:Scl	nool District	·	
Do you wish maili	ngs to be sent to a parent living	g in another	household?	Yes
		9		
				_
Name & Address: Parent/Guardian				
Name & Address:				
Name & Address: Parent/Guardian		Name V	Vork Telephone	