

International Education Week

Please fill out the information below and return it to the FRONT OFFICE. Please complete a form for each child. Meet in **228** each day from 3-4:30. Please check days your child will attend.

_____ November 13

_____ November 14

_____ November 15

_____ November 16

Student Information:

Student's Name: _____ Team: _____

Homeroom Teacher: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell _____

Please let us know if your child has any physical limitations and/or food allergies.

I give permission for my child to participate in this activity.

Parent/Guardian Signature _____
