|  |  |  |  |
| --- | --- | --- | --- |
| Student Info | | | |
| First Name |  | | |
| Last Name |  | | |
| School |  | | |
| Cell Phone |  | Grade \_\_\_\_ |
| Email |  | | |
|  | | | |
| Parent Approval | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  |
| Signature |  | | |
|  |  | | |

Please fill out, have your parent sign, and send to Jennifer Matuska at matuskaclan@gmail.com.