

Extended Day Arts

Class Request

Please complete both sides of this form

Name	Current Grade	Current School
Parent Name	Parent Cell #	
Address		
	Email	
Emergency Contact other than parent		
Relationship to Child	Phone_	
Classes requested: Select 1 Below		
Band Orchestra Dance		
If you selected band or orchestra, please i preference. Trumpet Trombone C		
Cello		
Do you currently play this instrument (circ	cle) Yes or No If yes, how lo	ng have you played
Class requests and completed and signed	medical release and permis	ssion form should be returned by
September 16th to Lori Rotherham at Van Vancouver, WA 98663. Late registrations		Academics, 3101 Main Street,
Parents will receive email confirmation by	October 3rd regarding the	ir student's enrollment. Please

email with questions.