



Please print all information and return this form to Cheryl Philipps at the River Eyes Front Office.

Student Last Name: _____

Student First Name: _____

Student Complete Birthday (mm/dd/yyyy): _____

Grade: _____

Teacher: _____

Street Address: _____

City: _____

State: _____

Zipcode: _____

Home Phone Number: _____

Work Phone Number: _____

Parent Name: _____

DUPLICATE THIS INFORMATION FOR EACH STUDENT ENROLLED AT RIVER EYES ELEMENTARY SCHOOL.

Please contact Cheryl Philipps at 770-552-4550 x123 with any questions.