

*Please cut and return the following form to register for zero hour class(es):
ONE FORM PER CLASS PLEASE*

ZERO HOUR REGISTRATION
One form per class

Student Name _____ Grade _____

Teacher _____ Home Phone _____ Cell Phone _____

Email: _____

Alternate Contact _____ Phone# _____

Class _____

(Note: If more than one session is listed, students register for the class and a random drawing will be held for all available sessions. Students will be notified of their session assignment or in some cases, if they are placed on a waiting list due to over-enrollment.)

My signature indicates that I give permission for my student to attend zero hour class(es).

Parent Signature: _____

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One form per class

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Teacher _____ Home Phone _____ Cell Phone _____

Email: _____

Alternate Contact _____ Phone# _____

Class _____

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