

Pre-Registration Form for Returning Students

Prescott Valley School

P.O. Box 27348, 9500 Lorna Lane
Prescott Valley, Arizona 86312
(928) 772-8744 Fax (928) 775-4457

School Year 2011 - 2012

Student Name:
First: _____ Middle: _____ Last: _____

Date of Birth: _____	Place of Birth: _____
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Entering Grade Level: _____	Age: _____
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Parent/Guardian Information:
First: _____ M.I. _____ Last: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Number: _____
Email: _____

Please list any NEW medications and medical conditions of which we should be aware:

I understand, that by signing below I am ONLY reserving a space for my child for the 2011-2012 school year. I also understand that if this form is not submitted to the office by February 28, 2011, my student may not be guaranteed continued enrollment.	
Parent/Guardian(s) Signature: _____	Date: _____

Office Use Only:
Intake by (initials) _____ Date Received by office _____ Start Date _____