## AWTY PLUS 2005-2006 REGISTRATION FORM

Student's Name			Age
Date of Birth			
Child of Faculty/Staff? Hom	eroom Teacher's Name		Section: Int'l / French
Mother's Name	- (:)		and the second
Home Address			
Telephone Numbers: Home		4	
Pager			
And the second second	UMN C		
Father's Name	11	111	
Home Address			
Telephone Numbers: Home			
Pager	Cellu	lar	
People authorized to pick up your child			2
r copie autionzed to pick up your child	CT KILL	and all	
Name	Phon		INA TOP
Name	Phon		ADOX
Name	Phon		
	VAXVV	Y XI	
PROGRAM SELECTION	X X XXV	N/K	
Please indicate which program your child	d will participate in:	IXIX	
Activity Program	Hwk Assist. Progra	am	One-on-One Program
			Music Lessons or Private Tutoring
1			
Contractual Agreement	Internetional School Arrity Di	Due guerre une en	used for the student named above
I do hereby accept the space in The Awty I understand that in order for my child to			
all of the tuition and fees assessed by the			
child.			
	IN LINK	>	In Da a sa
	4001 0		MANAN
6 3			
Signature	Date		
Signature	14		
Signature Return the registration form and Awty Plus so	14	fore your child begin	s services through our program please.
	14	fore your child begin	is services through our program please.