

Moveport



PETERMANN

Safety One Child at a Time

NEW ENROLLMENT INFORMATION AND/OR ADDRESS CHANGE

School Assignment

Student ID Student last name Student first name

House # Street City Zip

Grade Home phone # Birthday M / F
Gender

Parents name Work phone #

Parent name Work phone #

Pick-up information (Babysitter name, phone #) Address if different

Drop-off information (Babysitter name, phone #) Address if different

BUS TRANSPORTATION NEEDED?

PICK-UP YES NO

DROP-OFF YES NO

(PLEASE CIRCLE YES OR NO)

This form must be filled out in full
Please allow 3-5 days for processing before transportation could be
available