

MIDDLE SCHOOL REGISTRATION FORM 2009-2010

First Congregational United Church of Christ
Appleton, Wisconsin

STUDENT'S NAME _____

DATE OF BIRTH _____
Month Day Year

NAME OF MIDDLE SCHOOL _____

GRADE: 7th _____ 8th _____

Please list any allergies or special needs your student has:

PARENT'S/GUARDIAN'S NAME _____

TELEPHONE NUMBER _____

ADDRESS _____

PARENT'S/GUARDIAN'S EMAIL ADDRESS _____