ONLINE ACTIVATION FORM

Family Last Name _____ Primary Phone (_____)_____

Work Phone (_____)_____ Secondary Phone (_____)_____

Address _____Email_____

City _____ Zip _____ School Dist. _____

Emergency Contact _____ Relationship _____

Emergency Phone #1 (_____)_____ Emergency Phone #2 (_____)_____

Please list all family members at this address:

NAME	BIRTHDATE	SELECT ONE	GRADE
_____	_____	Click here	_____
_____	_____	Click here	_____
_____	_____	Click here	_____
_____	_____	Click here	_____
_____	_____	Click here	_____
_____	_____	Click here	_____