

Eastwood Elementary – Registration Form 2009 – 10
PLEASE PRINT VERY CLEARLY THANK YOU

Parent/Guardian Name- Last, first

Contact phone #

Fees:

Registration CO-OP Fee (if not paid).....	\$
Other	\$
Other	\$

Class Room Donations: tax deductible

Teacher's Name:	\$
Teacher's Name:	\$
Teacher's Name:	\$
Teacher's Name:	\$
Teacher's Name:	\$
Teacher's Name:	\$

Total Cost: \$ _____

Cash

Check # _____

Please Make Checks payable to Eastwood.

100 % of the Donations go directly to the teacher's classroom accounts.
One form for each family.