

**WILLIS INDEPENDENT SCHOOL DISTRICT
EARLY BIRD PROGRAM
2009-2010**

NAME: _____

SCHOOL: _____ **GRADE:** _____

STUDENT'S AGE: _____

STUDENT'S DATE OF BIRTH: _____

PARENT'S NAME: _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

EMERGENCY PHONE NUMBERS: _____

E-MAIL ADDRESS: _____

(For contact on Early Bird issues including payment issues.)

ALLERGIES:

IMPORTANT INFORMATION ABOUT STUDENT:

**I HAVE READ AND UNDERSTAND THE PRACTICES AND PROCEDURES OF
THE WISD EARLY BIRD PROGRAM FOR THE 2009-2010 SCHOOL YEAR.**

PARENT/GUARDIAN SIGNATURE

DATE
