

*World Languages at Newport Heights Elementary
Registration Form*

Student's Name: _____

Age: ____ Grade: ____ Teacher: _____ Classroom #: ____

Select One: __ Spanish __ French

Parent/Guardian: _____

Address: _____

Phone: (day) _____ (eve) _____

Cell Phone: _____ Email: _____

Emergency Contact: _____

Emergency Phone: _____

Allergies: _____

Select One: __ I will pick up my child at the end of each class.
__ My child has permission to walk home.
__ My child has permission to ride/walk home with _____

Please attach a check in the amount of \$250 made out to NHE PTA.

Return it to the Main Office in an envelope marked "World Languages."

No refunds after the first week of classes.

**World Languages Coordinator will contact you with more information
about the start of classes.**