

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle) M or F

Teacher Name & Grade Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have food allergies? Yes or No. \_\_\_\_\_\_ (If yes, please list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these allergies listed with the school nurse?\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes or No.

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Each child will need a Junior Great Book.

\_\_\_\_\_\_\_I need to order a NEW book (cost $25)

\_\_\_\_\_\_\_I have the book and do not need a new one. (cost $5)

\_\_\_\_\_\_\_I would like a used copy - available only for 2nd grade ($5, supply is limited so this is first come, first served)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent signature)

Please enclose a check, with your child’s name on it, for $25 (needing a book) or $5 (not needing a book) made out to FRY PTA. Each child requires their own form and check. If you have multiple children, please submit each separately. Return this page with a check in an envelope to your child’s teacher by November 30, 2018. Please do NOT staple the check to the form.