

*Please cut and return the following form to register for zero hour class(es):  
ONE FORM PER CLASS PLEASE*

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**ZERO HOUR REGISTRATION**  
*One form per class*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Class \_\_\_\_\_

(Note: If more than one session is listed, students register for the class and a random drawing will be held for all available sessions. Students will be notified of their session assignment or in some cases, if they are placed on a waiting list due to over-enrollment.)

My signature indicates that I give permission for my student to attend zero hour class(es).

Parent Signature: \_\_\_\_\_

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