

JANNEY ELEMENTARY SCHOOL
Application of Intent

Student Name _____ DOB: _____ Male ___ Female ___

Address: _____
Number/Street Name
_____ Home # _____
State/Zip

Current School: _____ Date: _____ Grade _____
Grade in September

Telephone Numbers:

Mother(W) _____

Father (W) _____

E-mail Address _____ (mother)

_____ (father)

-
- NOTE: You **have to** return to the school at a later date to:
- 1) establish proof of residency
 - 2) provide immunization, medical and dental records
 - 3) formally register with the school