



DSL A _____

RS LA _____

Detroit Service Learning District Fall Registration 2018-2019

To ensure that your student will have a space for the 2018-2019 school year we urge you to return this form as soon as possible.

Reserve your student space now!!!

Student Name: _____ Current Homeroom Teacher: _____

Current Grade 2017-2018: _____ Grade for 2018-2019: _____

Yes my child will return for the 2018-19 School Year No my child will not be returning for 2018-19 School Year

Parent/Guardian Signature: _____ Date: _____

If you have any questions regarding **Detroit Service Learning Academy**. Please contact the main office at (313) 541-7619.

CHANGE OF INFORMATION FORM

Student Information (Please provide name(s) of student(s) you wish to update information.

Student Name	Grade	Homeroom Teacher
1.		
2.		
3.		

Parent/Guardian Information (Please print clearly)

Parent Name	Relationship i.e. mom, dad, guardian
1.	
2.	

New Address	New Number
Street Address:	Home Phone:
City/State:	Cell Phone:

