



Watch D.O.G.S. Registration Form

Fanning Elementary
2016-2017 School Year

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Student's Name(s)

Teacher(s)

Signature

Date

Please return this form to the school office, your child's Teacher, or email to tstevens@bousd.us or eyerkish@yahoo.com