

WatchDOGS Registration Form for

FANNING ELEMENTARY

Name: _____

Email: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Student's Name(s) & Teacher (s):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Signature)

(Date)

Please return this form to the School Office, your child's teacher or email to smetcaif@bousd.us