

Conundrum Day Registration Form

Saturday, February 6

Student name: _____

Parent/Guardian: _____

Address:

Phone number: _____

Emer contact person: _____

Emer phone number: _____

School: _____ Grade: _____

Classroom teacher (ES only): _____

Please check all that apply:

_____ I am willing to volunteer on February 6th.

_____ I am requesting bus transportation for my child.

_____ My child's picture can be used for publicity purposes.

My child has the following allergies (food/other):

Please return the registration form by Friday, January 22 to one of the following teachers:

_____ Randolph Elementary – Mrs. Sherrill Kauffman

_____ Goochland Elementary – Mrs. Lisa Brown

_____ Byrd Elementary – Mrs. Candice Labott

