

Please return this completed form to the **front office** by Tuesday February 25th 2020

Intent to Return for fall of 2020-21 school year.

Help us determine availability for incoming applicants by letting us know how many seats will be occupied by returning students.

□ l int	end to ret	urn my chile	d to Blue O	ak for the next school	vea
		e entire form an			,
		nd to return Jent & current t	-	Blue Oak below and return to your tea	cher.)
Expected Grade _					
Student Name: _	First	Middle	Last	Current Teacher	
Address		City	Zip	Primary Phone	
Parent/Guardian Name			Parent/Guardian Name		
Parent/Guardian Cell/Work			Parent/Guardian Cell/Work		
e-mail			e-mail		
What is your neigl	hborhood school?	·			
CERTIFY THAT THE	E INFORMATION	SUPPLIED ON TH	IIS FORM IS CORF	RECT TO THE BEST OF MY KNOWL	.EDGE:
Parent/Guardian Signature			Date		