E.O. LOVETT
ELEMENTARY SCHOOL

Extended Day Registration Form
2020-2021

STUDENT INFORMATION (Please Print)
Last Name______________________ First Name_________________ Middle I________
Grade_______ HR Teacher_____________________
Does your child have a life-threatening allergy? Yes   No
If yes, list allergens: _______________________________________________________

PARENT/GUARDIAN INFORMATION (Please Print)
PARENT/GUARDIAN #1 Name: _________________________________________________
Relation: _________________ Email: ___________________________________________
Home Phone (_____) ________ - ___________ Cell Phone (_____ ) ___________ - ___________
Work Phone (_____ ) ______ - ___________ Ext. ________
PARENT/GUARDIAN #2 Name: _________________________________________________
Relation: _________________ Email: ___________________________________________
Home Phone (_____ ) ________ - ___________ Cell Phone (_____ ) ___________ - ___________
Work Phone (_____ ) ______ - ___________ Ext. ________

EMERGENCY CONTACT INFORMATION/ AUTHORIZED PICK UP (Please Print)
Name: ______________________ Phone: _____________________
Name: ______________________ Phone: _____________________
Name: ______________________ Phone: _____________________
Name: ______________________ Phone: _____________________

Please list any siblings also attending Lovett:
Name: __________________________ HR Teacher: ___________________
Name: __________________________ HR Teacher: ___________________

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## FOR OFFICE USE ONLY

<table>
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<tr>
<th>AMOUNT</th>
<th>TENDER (cash, m.o. #, SP)</th>
<th>DATE</th>
<th>STUDENT START DATE</th>
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<td>Supply Fee</td>
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