*Sarah R. Olbris Tester/Evaluator*
*116 Indian Woods Rd., Elizabeth City, NC 27909*
*TEL (757) 478-6886*
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Please return this form and the non-refundable $15 supply fee per child. Use one form per student

Class for which you are registering _____

Student's name _____ Grade_____ Age _____

Parents' names _____

Address _____

City _____ State _____ Zip _____

Home phone _____ alternate or cell phone _____

Parent cell _____ student cell _____

E-mail address _____

Emergency contact _____

Google Hangout account _____

___ I have purchased a textbook (and solutions manual where required) for this class.

___ I need to rent a text book from Sarah. I understand that they are available on a first come, first served basis.

I have read, understand, and am willing to comply with the information in this letter.

Parent signature _____

Student signature _____

For office use only
PM _____ ck# _____ amt. _____ reg. _____ other _____