



School _____

Date of Arrival _____

School Arrival Details

Contact Person _____ Position _____

E-mail Address: _____ Phone: _____

Principal _____ School Phone _____

Emergency Home/Cell Phone _____

Registration Forms and Medications

All student registration forms should be in alphabetical order. Please have the forms and the medications in one box to be handed over to our health care staff upon arrival to Thousand Pines.

Number of Students Boys _____ Girls _____ Total _____

Attending Teachers

Male/Female	Teacher Name	Dates in Attendance	Cell Phone Number
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Visiting Administrators

	Date	Meals Attending
_____	_____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
_____	_____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

Birthdays (Name and Birth date)

1 _____ 2 _____
 3 _____ 4 _____