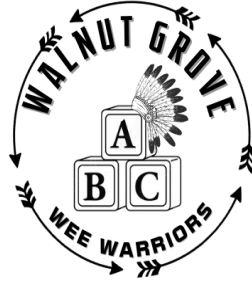


WALNUT GROVE HIGH SCHOOL
WEE WARRIORS PROGRAM APPLICATION



CHILD'S NAME: _____
FIRST MIDDLE LAST

NAME CHILD IS CALLED: _____

CHILD'S DOB: _____ YEAR OF DESIRED ATTENDANCE: _____

HOME ADDRESS: _____
STREET NAME

_____ CITY STATE ZIP

EMAIL ADDRESS: _____

FATHER'S NAME: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____

MOTHER'S NAME: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____

SPECIAL NEEDS/CIRCUMSTANCES OR MEDICAL CONCERNS:

ADDITIONAL INFORMATION WILL BE OBTAINED AT THE TIME OF ACCEPTANCE:

SIGNATURE

DATE

RETURN APPLICATION TO:
Walnut Grove High School CC: Aimee Sparks
4863 Guthrie Cemetery Road
Loganville, GA 30052
OR aimee.sparks@walton.k12.ga.us

OFFICE USE ONLY
DATE APPLICATION RECEIVED: