



RPE Watch DOGS Registration Form

Name: _____
(First) (MI) (Last)

Social Security # _____

Date of Birth _____

Email: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Student Name(s):	Grade/Teacher(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Signature) (Date)

Please return this form to one of the following locations:

1. Return the form to the elementary office for Mrs. Ellis
2. Scan and email to tellis@rockport.k12.mo.us
3. Fax to **(660)744-5539**