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www.wvsarts.org



202. 296. 9100 VOICE
202. 261. 0200 F A X
202. 261. 0201 T T Y

Child's Name: Date:

Please answer one of the following questions regarding the 2010-2011 school year:

Check one:

- My child will not be returning to SAIL next school year
- My child would like to return to SAIL next school year

If so, what grade do you expect your child to be in?

This is not an application form. SAIL's official enrollment packet for school year 2010/2011 will be available mid-April.

Please fill in the following information to ensure we have your most up-to-date contact details.

Parent's name:

Address:

Home phone number:

Cell phone number:

Preferred numbers for our automated voice recordings:

Home:
Cell:

Signature:

**Please return to your child's teacher as soon as possible.
TEACHERS PLEASE RETURN TO MR. JAMES.**