



NEW SCHOOL ENROLLMENT FORM



OFFICIAL SCHOOL NAME	
WEBSITE	
MAILING ADDRESS	STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
COORDINATOR NAME AND CONTACT INFORMATION	NAME _____ EMAIL ADDRESS _____ PHONE NUMBER _____
SCHOOL INFORMATION	TAXPAYER IDENTIFICATION NUMBER: _____ (NINE-DIGIT FEDERAL TAX IDENTIFICATION NUMBER) NUMBER OF STUDENTS _____ GRADES _____ TYPE OF SCHOOL _____ (HOME SCHOOL, PAROCHIAL, PUBLIC, PRIVATE, OTHER) SCHOOL DISTRICT _____
STORE INFORMATION	CLOSEST STORE _____
PRINCIPAL NAME AND CONTACT INFORMATION	NAME _____ EMAIL ADDRESS _____ (MUST BE DIFFERENT THAN COORDINATOR EMAIL) SCHOOL PHONE NUMBER _____ SCHOOL FAX NUMBER _____ SIGNATURE _____

FOR OFFICE USE ONLY

ID#:	PW:	NOTES:
CONTACT:	<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COORDINATOR	
SCAN & RENAME DATE:		
<input type="checkbox"/> RETURN <input type="checkbox"/> DISCARD	ADDED TO: <input type="checkbox"/> LIST <input type="checkbox"/> FILE	PROCESS DATE: REGISTRATION DATE:

Return to: A+ SCHOOL REWARDS
Fax: 610-617-3557
Email: askaplus@cranecommunications.com