

Sylvania Schools Student  
Services--Registrations  
DOCUMENT COVER SHEET

Please use this cover page for any correspondence sent to our office regarding registrations.

Student Name: \_\_\_\_\_

Grade Enrolling in: \_\_\_\_\_

Year enrolling: 2024-25 or 2025-26

(Please circle one)

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Appointment Day and Time: \_\_\_\_\_