

Attention CPOP Parents:

In order to help the office fill out paperwork for the State of Missouri Department of Elementary Education, please fill out the information requested below.

Thank you.

**FAMILY NAME:** \_\_\_\_\_

SCHOOL DISTRICT:

\_\_\_\_\_ PARKWAY    \_\_\_\_\_ ROCKWOOD    \_\_\_\_\_ OTHER \_\_\_\_\_  
(Please List Name of District)

PLEASE PUT A CHECK BESIDE THE **ELEMENTARY SCHOOL** IN THE PARKWAY DISTRICT IN WHICH YOU RESIDE:

_____ BARRETTS	_____ HIGH CROFT RIDGE	_____ ROSS ELEM.
_____ BELLERIVE	_____ MASON RIDGE	_____ SORRENTO SPRINGS
_____ CARMAN TRAILS	_____ McKELVEY ELEM.	_____ WREN HOLLOW
_____ CLAYMONT	_____ OAK BROOK	_____ SHENANDOAH VALLEY
_____ CRAIG ELEM.	_____ PIERREMONT	_____ RIVER BEND
_____ GREEN TRAILS		
_____ HANNA WOODS	_____ OTHER _____	
	(Please List Name)	
_____ HENRY ELEM.		

PLEASE PUT A CHECK BESIDE THE **MIDDLE SCHOOL** IN THE PARKWAY DISTRICT IN WHICH YOU RESIDE IF YOUR STUDENT WILL BE IN **GRADES 6 - 8** NEXT YEAR:

_____ SOUTHWEST MIDDLE	_____ WEST MIDDLE SCHOOL
_____ CENTRAL MIDDLE	_____ SOUTH MIDDLE SCHOOL
_____ NORTHEAST MIDDLE	_____ OTHER _____
	(Please List Name)