



##### **ENROLLMENT FORM** #####  
**SCHOOL STAFF ONLY**

School Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Trax Appearance Requested:    YES    NO

I would like a Classroom Progress Chart and Student Tracking Materials:        YES    NO

Number of Classrooms Participating: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_

*Please complete and return this form to Jacob Servais:*

MAILING ADDRESS  
**102 E GRAND AVE  
EAU CLAIRE, WI 54701**

EMAIL ADDRESS  
**[jacob@eauclaireexpress.com](mailto:jacob@eauclaireexpress.com)**

*If you have any questions, please call our office at 715-839-7788*

