

If you would like to participate in Fairview's Parents as Teachers program. Please contact us about the services we offer. (Please complete this form electronically and email to pelc@fairview.k12.mo.us Or mail completed form to Fairview School, attn.: Parents as Teachers, 4036 ST RT K, West Plains, MO 65775.)

Mother First Name: _____ Mother Last Name: _____

Father First Name: _____ Father Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother Phone #: _____ Father Phone #: _____

Email: _____

Child's

First/Middle/Last: _____	D.O.B. _____	___ Male or ___ Female
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Child's

First/Middle/Last: _____	D.O.B. _____	___ Male or ___ Female
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Child's

First/Middle/Last: _____	D.O.B. _____	___ Male or ___ Female
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If you have more children, Comments, or Concerns please list below: