San Diego Unified
SCHOOL DISTRICT

INTEREST LIST

Site _____ **Teacher** _____ **School Year** _____

Date *Fecha*	**Child's Name** *Nombre de estudiante*	**DOB** *Fecha de nacimiento*	**Parent's Name** *Nombre de padre*	**Phone #** *Numero de telefono*

Teachers: Please send a copy of this Interest List form to your clerk at the end of each week with your Sign-in sheets. Thank you!

MV:vb 5/23/2014