



Enrollment Form

(Please print)

DATE: _____

SCHOOL FULL NAME: _____

CONTACT NAME: _____

(This person will receive all GoalGetters Materials for distribution. Contact person may be school principal, teacher, counselor, support staff or parent volunteer.)

PRINCIPAL: _____

SCHOOL STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT EMAIL ADDRESS (OPTIONAL):

SCHOOL WEBSITE (OPTIONAL): _____

TOTAL NUMBER OF STUDENTS: _____ TEACHERS _____

Would a Spanish Edition of the newsletter be helpful? **YES NO**
(Depending on demand, we may consider printing the newsletter in Spanish)

Quantities requested: English _____ Spanish _____

GRADE LEVELS _____ 9 11 12-MONTH SCHOOL (please circle)

As an official GoalGetter School we understand:

1. (1) GoalGetter Bulletin (new sletter) is to be distributed to each student
2. Only one (1) GoalGetter Student Award card may be distributed to any qualifying student in a single grading period. Business partners providing student awards reserve the right to refuse multiple, expired, or altered coupons.
3. All extra GoalGetter Student Award Cards will be destroyed by the school or returned so the cards cannot be used by non-qualifying students, parents, or by faculty or staff, thereby maintaining the integrity of the program. All disclaimers on coupons will be honored by student recipients.
4. Failure to comply may result in removal from the GoalGetter program.

PRINCIPAL SIGNATURE: _____

FAX COMPLETED FORM TO: GOALGETTERS AT _____. No cover necessary.

For additional information:

- The GoalGetters Hotline
- Log on to www.goalgetters.net