



# Challenger Basic School

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## Facsimile Interest List

Parent or Guardian's Name:

Child's First Name:

Child's Middle Name:

Child's Last Name:

Child's Birthday:

Child's Current Grade Level:

Last School Attended:

Address:

Phone Number:

Work Number:

Email Address:

Notes:

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*Please fax this form to Challenger Basic School at (480) 830-1763*