



**Columbia Falls School District
Columbia Falls Junior High
Student Extracurricular Enrollment Form**

STUDENT INFORMATION

Name _____

Address _____

Birthday _____ Grade Level _____

Gender _____ Race/Ethnicity _____

Activity Requesting to Participate _____

PARENT INFORMATION

Name _____

Cell Phone _____ Work Phone _____

Email _____

Signature _____ Date _____

TO BE COMPLETED BY SD6 ACTIVITIES DIRECTOR

Activity Start Date _____ Activity End Date _____

AD Approval Signature _____