



Watch D.O.G.S. Registration Form For McAuliffe Elementary



Name: _____

Email: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Do they offer paid Community Service hours? **Yes** or **No**

Would your employer consider being a funding partner for the school
or the WATCH D.O.G.S. program? **Yes** or **No**

If yes, whom should the coordinator contact? _____

Student's Name(s):

Homeroom Teacher(s):

(Signature)

(Date)

Please return this form to one of the following locations;

1. Scan and email to Karla Wentz - wentzkd@lisd.net
2. Fax to (972) 350-9116 Attn: Watch Dog Coordinator
3. Mail to 2300 Briarhill Blvd., Highland Village, TX 75077
4. Drop the form off at the office or with your students teacher
5. For any questions please contact Daniel Hutchinson at Daniel@texas-x.net