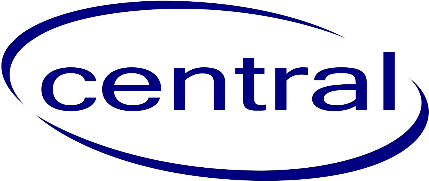
****

**Central Community Unit School District 301**

**Dr. Todd Stirn, Superintendent**

**275 South St., P.O. Box 396 Burlington, IL 60109**

**847-464-6005 847-464-6021 Fax www.burlington.k12.il.us**

**Early Childhood Blended Classroom Application**

**Location: Howard B. Thomas Grade School**

**Date:**

**Student Name:**

**Date of Birth: Gender: Age:**

**Parents Name(s):**

**Home Address:**

**Phone Number (H): (Cell):**

**Email:**

**Elementary school student will attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:**

**Email your completed application to** [**Julie.Salamone@central301.net**](mailto:Julie.Salamone@central301.net) **or you may mail or drop it off at Howard B. Thomas Grade School, 44W575 Plato Rd., Burlington, IL 60109**

**(847) 464-6008**