



WatchDOGS Registration Form for



Leadership Preparatory Academy

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. Drop the form off at the office or with your student's teacher.
2. If you have questions, please contact **Roshanda May**
roshanda.may.lpa@gmail.com