

**2451 Eagle Ridge Dr.
Red Wing, MN 55066**



Date _____

Request for Shared Time

School Year _____

Parent/Guardian _____ Phone _____

Address _____

Name of Student _____ Birth Date _____

Name of Student _____ Birth Date _____

Name of Student _____ Birth Date _____

Name of class/es you would like your child/ren to enroll in at Red Wing Public Schools:

Please write down any additional information that you consider pertinent:

Return completed form to:

DEBBIE LUNDBERG
RED WING PUBLIC SCHOOLS,
2451 EAGLE RIDGE DRIVE
RED WING, MN 55066