



33 Gallows Lane
 New London, CT 06320
 Phone (860) 442-0391
 Fax (860) 442-5008
 www.dnaepicenter.org

Class List Form

Program Selected: _____

Date Requested: _____

Time Requested: _____

Name of Student	Permission To Photograph (Yes or No)	Special Needs (e.g., handicap, lack of depth perception, color blind, hearing impaired, ESL, etc.)
1		
2		
3		
4		
5		
6		
7		
8		
Teacher / Chaparone No. 1		
9		
10		
11		
12		
13		
14		
15		
16		
Chaparone No. 2		
17		
18		
19		
20		
21		
22		
23		
24		
Chaparone No. 3		