

Northern Indiana Pop Warner Little Scholars
Pre-School Academic Report

This form is to be used for any child who is not yet in school to receive a report card.

Name: _____

Address: _____

Town/City: _____ State: _____ Zip _____

Phone: (____) _____ Circle One: Football Cheer

Association/ Team _____

Parent/ Guardian _____ Phone (____) _____

I _____ Parent/ Guardian of said child named above state
that he/she is scholastically fit to participate in the Pop Warner program for the year ____

Parent/ Guardian Signature: _____ Date _____