



School Directory Form

Parents: Please print legibly and return the completed form to the School Office as soon as possible in order to be included in the school directory.

NOTE: A separate form must be completed for each child enrolled in the School.

Child's Full Name: _____

Child's Primary Residence: _____

City, Zip Code: _____

Home Phone Work Phone Cell Phone E-mail address

Parents' or Guardians' Name(s)

Please list any additional residence/guardian(s) you wish to appear in the School Directory.

Child's Secondary Residence: _____

City, Zip Code: _____

Home Phone Work Phone Cell Phone E-mail address

Parents' or Guardians' Name(s)

If you do not want some of the above information in the School Directory, please state the information you do not want in the directory below:

Signed: _____ Date: _____