



DIRECTORY/EMERGENCY CONTACT INFORMATION

I **do not** give permission for our family information to be published in the directory _____

I **give** permission for our family information to be published in the directory _____

PLEASE PRINT

FAMILY NAME _____

HOME NUMBER _____

PARENT / GUARDIAN NAME _____

CELL # _____ WORK # _____

PARENT / GUARDIAN NAME _____

CELL # _____ WORK # _____

ADDRESS _____

ADDRESS (2) _____

E-MAIL _____

2ND EMAIL _____

STUDENT NAME _____ GRADE _____ MEDICAL _____

STUDENT NAME _____ GRADE _____ MEDICAL _____

STUDENT NAME _____ GRADE _____ MEDICAL _____

STUDENT NAME _____ GRADE _____ MEDICAL _____

EMERGENCY CONTACT INFORMATION IF PARENT IS NOT AVAILABLE:

NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____