



## STUDENT CLASSROOM INFORMATION

We feel that it is important that our school community has the opportunity to grow. One of the ways to make this possible is to provide parents with the information needed to contact one another.

The information supplied on this form will be distributed to your child's grade only. This information may be used only for school-related activities and contacts for friendships outside of school.

\_\_\_\_ I give my permission to have the information provided on this form distributed to my child's grade.

\_\_\_\_ I prefer that my contact information not be distributed to my child's grade.

**Indicate below the information that you would like to share.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Legal Guardian #1: \_\_\_\_\_

Parent/ Legal Guardian #2: \_\_\_\_\_

Additional Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date