

STUDENT DIRECTORY INFORMATION FORM

**THIS FORM MUST BE RETURNED IN ORDER TO RECEIVE YOUR CHILD'S REGISTRATION MATERIALS,
COURSE SCHEDULE AND LOCKER ASSIGNMENT**

PLEASE CHECK ONLY ONE BOX

SECTION 1

NO Please **DO NOT** publish **ANY** of our family information in the student directory. (PLEASE PRINT!!)

Student's Last Name: _____ Student's First Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____



NO NEED TO PROCEED TO SECTION 2 OR 3



SECTION 2

YES Please **PUBLISH MY CHILD'S INFORMATION** in the student directory. (Please check the applicable boxes below)

Student's Last Name: _____ First Name: _____ Grade: _____

If boxes below not checked, information will not be published.

SINGLE FAMILY HOUSEHOLD	DUAL FAMILY HOUSEHOLD
<p><u>(Both Parents live in the same house)</u></p> <p><input type="checkbox"/> Mother's Name</p> <p><input type="checkbox"/> Father's Name</p> <p><input type="checkbox"/> Address (City, State, Zip Code)</p> <p><input type="checkbox"/> Phone</p> <p>_____ <i>Parent Signature</i></p> <p>_____ <i>E-Mail Address</i></p>	<p style="text-align: center;">(Parents live in different houses)</p> <p><input type="checkbox"/> Mother's Name</p> <p><input type="checkbox"/> Mother's Address (City, State, Zip Code)</p> <p><input type="checkbox"/> Mother's Phone</p> <p>_____ <i>Mother's Signature</i> <i>E-Mail Address</i></p> <p><input type="checkbox"/> Father's Name</p> <p><input type="checkbox"/> Father's Address (City, State, Zip Code)</p> <p><input type="checkbox"/> Father's Phone</p> <p>_____ <i>Father's Signature</i> <i>E-Mail Address</i></p> <p><u>NOTE:</u> A parent signature is required to publish respective information.</p>

SECTION 3

In addition to having your family listed in the directory, if you sign the following agreement, your family's name will be asterisked (*) in the directory.

I (we) invite parents to call me (us) to verify the arrangements for any parties or gatherings that will be or have been held at our home.

I (we) further make the commitment to provide responsible supervision for all activities at our home. I (we) will not allow our child's guests access to alcohol, tobacco, illegal drugs or firearms.

I (we) agree to communicate and support each other as parents in providing a safe environment for our children.

Mother: _____ Signature Father: _____ Signature Date: _____

ORDER DIRECTORY:

I wish to order _____ copies of the Park View Student Directory at **\$5.00 each** **(TO BE PAID AT REGISTRATION IN AUGUST)**

AMOUNT PAID: \$ _____ CASH / CHECK # _____ Please make checks payable to **Park View**

*******ORDERS CANNOT BE PLACED WITHOUT PAYMENT*******