SMM PTO SCHOOL DIRECTORY
STUDENT INFORMATION FORM

Please provide any of the following information you would like to include in the PTO Student Directory. Exclude any information you do not wish to be published.

If you DO NOT wish to be included in the directory at all please complete the student and parent names, mark the appropriate box and return.

All forms are due in the office by Fri 8/28/09.

_____ _____
Parent 1 FIRST LAST

_____ _____
Parent 2 FIRST LAST

Home address:

_____
street

_____
city state zip

Home phone: AREA ( ) -

Phone 2: AREA ( ) -

Email Parent 1:

Email Parent 2:

Student name FIRST LAST grade & homeroom

[___] I DO NOT wish my personal information published in the student directory.