

ST. JOHN SCHOOL 09-10 FAMILY CONTACT CONFIRMATION AND DIRECTORY FORM

Please complete and return this form to the school office by **FRIDAY, SEPTEMBER 18** to confirm your contact information in our new School Logic database system. *Indicate whether your family should be included in our school directory by checking YES or NO below.* Thank you!

___ **YES**, I would like our family contact information included in the school directory.

___ **NO**, I do NOT want our family contact information included in the school directory.

FAMILY NAME: _____

MOTHER/GUARDIAN NAME: _____

FATHER/GUARDIAN NAME: _____

LIST ALL YOUR STUDENTS AT ST. JOHN SCHOOL:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

PRIMARY ADDRESS:

CITY: _____ **ZIP:** _____

HOME PHONE: _____

MOTHER/GUARDIAN CELL: _____

FATHER/GUARDIAN CELL: _____

EMAIL ADDRESS: _____