

# KELLER DIRECTORY INFORMATION REQUEST FORM 2011-2012

The Keller Student Directory is handed out as a benefit of PTA membership. Please complete the information requested below for **each family** attending Keller.

**Please mark *yes* or *no* and send this form back regardless of your choice.**

\_\_\_\_\_ YES! Please include my child's name, phone, address, and parent(s)' name in the 2011-2012 Keller Directory. ***Fill out the entire form, sign, and return.***

\_\_\_\_\_ NO, thank you. I do not wish to have my child's phone number and address listed in the directory. ***Fill out the student's name only, sign, and return.***

**Please be sure to print clearly; names will appear in the directory as written below.**

Name of student: \_\_\_\_\_

Classroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Name of student: \_\_\_\_\_

Classroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Name of student: \_\_\_\_\_

Classroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

*\*Please list additional children, teachers, grades, and room #'s on the back of the form.*

Home phone: (\_\_\_\_) \_\_\_\_\_

Home address: (Street address) \_\_\_\_\_

(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Parent(s)' name(s): \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Cell phone (optional): (\_\_\_\_) \_\_\_\_\_

*\*If you wish to have address/contact information for a second family household for the student(s) above, please list the desired information on the back of this form.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent or legal guardian

**Please have your oldest student at Keller return this form to her/his teacher**

by September 26, 2011