

STUDENT INFORMATION SHEET

Welcome to the 2017-2018 school year! In order for the PTA to have your most current information on file, we ask that you complete this form. **Return this completed form to your child's classroom teacher on the first day of school.**

Classroom Teachers are to please collect these forms and submit to your Class Parents

PART I:

Child's Name: _____

Street Address _____

City: _____ Zip Code: _____

Home Telephone # _____

Primary Email address _____

Parent/
Guardian Name _____

Parent/
Guardian Name _____

Cell # _____

Cell # _____

Work # _____

Work # _____

Additional children in the school (name/grade) _____

PART II:

Are you interested in:	Attending Class Parties	Y	N
	Chaperoning a Class Trip	Y	N

Please list any food allergies that your child may have: _____

Do you give consent to include student information in the PTA Directory: Y N

Administrative Approval

PTA Approval

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