STUDENT INFORMATION SHEET

Welcome to the 2018-2019 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

PART I:

Child's Name: _____

Street Address: _____

City: _____ Zip code: _____

Telephone #: _____

Email Address: _____

Parent/Guardian 1: _____

Telephone #: _____

Parent/Guardian 2: _____

Telephone #: _____

Additional children in the school (name/grade): _____

PART II:

Are you interested in:	Attending Class Parties:	Yes	No
	Chaperoning a Class Trip	Yes	No

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

Do you consent to include student information in the PTA Directory: Yes No

_____ _____

Administrative Approval PTA Approval

***Classroom Teachers, please collect forms and submit to your class parents ***