

Class Directory

Due Date: _____

Dear Parents,

We are putting together a classroom directory. Families can use it to contact others regarding homework, birthday parties, play-dates, and other activities. Your participation in this directory is **completely voluntary**. Please complete only those items you want included in the directory. The directory will be shared with the entire class.

Student's Name: _____

Parents' Names: Father: _____ Mother: _____

Phone Number: _____

Email: (please print) _____

Allergies to be aware of (for food at class parties): _____

Please check the appropriate box below and sign. Return this form to your child's teacher.

Yes, I would like my child to be included in the class directory

No, I do not wish for my child to be included in the class directory.

If you choose no, the room parents would still like to have your email to contact you regarding class events, holiday parties, teacher gifts, and teacher appreciation events. If you ***do not*** wish to be contacted about any of these or other classroom events by your child's room parents, please check here.

Parent Signature: _____