



Catholic East Elementary School Directory

I, (Parent/Guardian) _____ give

(Please type or print parent/guardian name)

permission to have my/my child/ren's names, addresses, and phone numbers to appear in the school directory.

_____ **YES**, please include our information. _____ **NO**, I do not wish to be included.

If yes, please complete the information below and sign. If no, please sign and date below.

Please Print Clearly

Family Name: _____

Parent/Guardian Name: _____

Student First and Last Name: _____ Grade _____

Student First and Last Name: _____ Grade _____

Student First and Last Name: _____ Grade _____

Student First and Last Name: _____ Grade _____

Address: _____

Phone: Home _____ Other: _____

Signature of Parent/Guardian: _____

Date signed: _____

Please note: Only those families that give permission to be included in the directory will receive a copy of the directory. Any and all information that you write on this form will be included in the directory. To be included in the directory this form must be turned in by the end of the day September 2, 2015, NO EXCEPTIONS!!

Complete and return this form to the school office by September 2, 2015.