



CONTACT INFORMATION FOR COMMUNICATION

Provide the following information to be included in your child's classroom directory, to receive school-wide APT Communication, and to receive classroom communication.

STUDENT LAST NAME, FIRST NAME (or nickname):

Teacher: _____

Street Address: _____

City / Zip: _____

Mother's Name: _____ Mother's Phone: _____

Mother's email: _____

Father's Name: _____ Father's Phone: _____

Father's email: _____

Please indicate Mother or Father information (if different than above):

Street Address: _____

City / Zip: _____

Please check if applicable:

1. Send classroom and APT correspondence to: mother's email father's email
2. **Do not publish** the checked information in the Classroom Directory:
 mother's email mother's address mother's phone number
 father's email father's address father's phone number

Parent Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR TEACHER.