

****IMPORTANT COMMUNICATION FORM, PLEASE SIGN AND RETURN TO THE OFFICE****

TEACHER _____ GRADE _____

STUDENT _____

PARENT NAME _____

PARENT NAME _____

E-MAIL ADDRESSES YOU WOULD LIKE TO HAVE SCHOOL

COMMUNICATION SENT TO (INCLUDING HOME/WORK).

1. _____

2. _____

3. _____

4. _____

IF YOU DO NOT HAVE ACCESS TO ELECTRONIC COMMUNICATION PLEASE SIGN

NAME _____ DATE _____

PLEASE UPDATE INFORMATION AS IT OCCURS SO WE MAY KEEP INFORMATION AS
CURRENT AS POSSIBLE.