

Sloan PTO Student Directory

(Please only one form per last name)

The Sloan PTO is publishing a Student Directory for 2019-2020. The directory will include an alphabetical listing of students with addresses, phone numbers, and email addresses, a teacher telephone extension list, and other PTO related information. **CLASS ROSTERS WILL NOT BE PUBLISHED IN THE DIRECTORY.**

The directory is available in **hard copy (\$5.00 per copy)** or in an **electronic version (.pdf format) for free.**

PLEASE NOTE: PAYMENT MUST BE IN CASH – CHECKS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO FAMILIES

If you would like to be included in the directory, please complete and submit the form below. Any information you do not want included should be left blank. Please list all children in the same family who have the same last name on one form. **Any information that is not legible will be left out as to avoid misprints.**

Return this form and **CASH** payment to the PTO box in the office or to your child's classroom in an envelope marked "**Sloan Directory**" by **September 20th, 2019.**

Connie Shirey, Tiffany Booker, and Shelly Ansani
PTO Student Directory Chairs
sloanstudentdirectory@gmail.com

ALL FORMS MUST BE SIGNED BY A PARENT OR GUARDIAN.

Please complete this form and return it to the PTO box in an envelope marked "**Sloan Directory**".

Select option(s) below:

_____ I wish to purchase _____ copy(s) at \$5.00 each, totaling \$ _____.

_____ I wish to receive the directory in electronic format and have it sent to the following email address _____.

_____ I do not wish to receive a copy but would like information included in the directory.

_____ I wish to receive the electronic Sloan PTO newsletter sent to the following e-mail address _____.

Student's Name

Grade

Homeroom Teacher

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) or Guardian(s) First and Last Name (exactly as you wish listed in the directory):

EXAMPLE: John and Sue Smith or John Smith and Sue Smith

Street Address: _____ Zip Code: _____

Home Telephone #: _____ Work Telephone #: _____
(Indicate mom or dad work)

Parent 1 Cell #: _____ Parent 2 Cell #: _____
(Indicate mom or dad cell) (Indicate mom or dad cell)

Email Address: _____

If additional information is required, please place the information on back of the form.

Parent/Guardian Signature _____