



Class List Information

Child's Name: _____

Teacher: _____ AM/PM/EXT

Address: _____

Caregiver/Guardian Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Caregiver/Guardian Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

I hereby give my permission to use the above information for the purpose of publishing a class list to be distributed to each student in my child(ren)'s class.

Caregiver/Guardian Signature: _____ Date: _____