

RICHMOND CONSOLIDATED FAMILY DIRECTORY

This information is for our Family Directory. **ONLY ONE FORM NEED BE FILLED OUT FOR EACH FAMILY.** Even if your information has not changed, we ask each family (except for the newly registered) to return this form. If you do not wish to be included in the directory please check the statement at the bottom of the page and we will include only your child's name in the class list. **Please return to school by Monday, Sept. 9th.**

STUDENT'S FAMILY NAME: _____

Student(s) Given Name(s):	Grade
_____	_____
_____	_____
_____	_____
_____	_____

This information is used for social purposes by the Richmond Community, not for emergency contacts.

Student(s) resides with: ___ Both Parents ___ Mother ___ Father ___ Please specify _____

PRIMARY RESIDENCE INFORMATION:

PARENT/GAURDIAN(s) NAME(s): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME: () _____ **CELL:**() _____

EMAIL:

Mother: _____

Father: _____

OTHER RESIDENCE INFORMATION:

PARENT/GAURDIAN(s) NAME(s) _____

ADDRESS _____

—

CITY,STATE,ZIP _____

TELEPHONE: HOME: () _____ **CELL:**() _____ (if not already stated above)

EMAIL _____

(if not already stated above)

_____ **WE DO NOT WISH TO BE INCLUDED IN THE SCHOOL DIRECTORY**