

St. Paul School Family Directory Information Request Form

2020-21 School Year

Please return this form to school with your child **by August 24th**

Family Last Name _____

_____ YES, **include** our information in the SPS Family Directory

_____ NO, **do not include** us in the school directory

Children enrolled at St. Paul School (K-8)

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any **CHANGES** or **ERRORS** from previous year? **Circle: YES / NO**

Information below will be listed in the directory.

Parents/Guardian: _____

Phone: _____ E-MAIL Address: _____

(to receive SPS EMail News)

Address: _____

City: _____ ST: _____ Zip: _____

If a second listing is needed:

Parent/Guardian: _____

Phone: _____ E-MAIL Address: _____

(to receive SPS EMail News)

Address: _____

City: _____ ST: _____ Zip: _____

Parent/ Guardian Signature