

Last name: _____

ROLLING HILLS COUNTRY DAY SCHOOL
SCHOOL DIRECTORY INFORMATION FORM

Please **print legibly** and include all home addresses. At least one phone number and email address is required for EACH parent/guardian. Please submit one form per family. The school directory will be published using the information provided on this form. **If a form is not received, all information below will be published using the 2017-2018 enrollment contract.**

Student Full Name: 1. _____ Grade in Sept. _____
2. _____ Grade in Sept. _____
3. _____ Grade in Sept. _____
4. _____ Grade in Sept. _____
5. _____ Grade in Sept. _____

Parent/Guardian Name: (Circle) Dr. Mrs. Mr. Ms. _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: (Please PRINT) _____

Verify Email Address: _____

Parent/Guardian Name: (Circle) Dr. Mrs. Mr. Ms. _____

Home Address: (If different from above): _____

Home Phone: _____ Cell Phone: _____

Email Address: (Please PRINT) _____

Verify Email Address: _____

PLEASE return this form to the school no later than FRIDAY, AUGUST 18.

Please contact the school *immediately* if your contact information changes after submitting this form.
Thank you.