

Last name: _____

ROLLING HILLS COUNTRY DAY SCHOOL
SCHOOL DIRECTORY INFORMATION FORM

The school directory will be published using the information provided on this form. It is **mandatory** that each family submit one form at the beginning of every school year. Please **print legibly** and include all home addresses. At least one phone number and email address are required for EACH parent/guardian.

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 neatly) _____

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

Home Address: (If different from above): _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: (Please PRINT neatly) _____

PLEASE return this form to the school no later than FRIDAY, AUGUST 16.

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