

Hephatha Lutheran School
Parent Teacher League
Directory Information

Parents,

Please fill out this form and return it to the School Office so that we can complete and provide you with our School Directory.

Name of Student(s) _____ Grade(s) _____

Custodial Parent Name(s) _____

Address _____

City _____ Zip _____

Home# _____ Cell# _____ Work# _____

Email address _____

Co/Non-Custodial Parents Name(s) _____

Address _____

City _____ Zip _____

Home# _____ Cell# _____ Work# _____

____ You have my permission to print the above information in the Directory.

____ Print only the names of the child/ren and names of the parents in the Directory.

____ Do not include information about my child/ren in the Directory.

Thank you, your PTL Board