

Child/Children's Name(s) _____

Please fill in your child/children's name above EVEN IF YOU DO NOT WANT TO BE INCLUDED IN THE DIRECTORY.

PART A

_____ Yes, you have my permission to have my child/children listed in the directory and to publish our information. (**Sign below AND Complete Part B**)

Signed _____

Print Name _____

_____ No, I do not wish to have my information listed in the directory. (Sign below and **Do Not** Complete Part B)

Signed _____

Print Name _____

PART B

Please complete only if your response was YES.

Last Name _____

Address _____

Phone Number _____

Email Address _____

Mother's First Name _____ Father's First Name _____

Child's(ren's) Names	Grade for upcoming school year
_____	_____
_____	_____
_____	_____

Please return forms to Minnesauke Elementary School 21 High Gate E. Setauket, NY 11733

If you have any questions, please contact Karen Kaye @406-3182 or email minnesaukepta@yahoo.com