



ST. PETER SCHOOL

120 Mayfair Road • Warwick, Rhode Island 02888
(401) 781-9242 • stpeterschoolri.com

2011-2012 Information Form

In an effort to keep our records up to date and consolidate all of the forms we ask you to return, we ask that you complete and return this sheet for your family. Please read carefully and fill out this entire page. Complete and return to school by **Thursday, September 8th**.

Family Name: _____

Parent's Name(s): _____

Child/Children's Name(s): _____

Please indicate if last name is different than family name

Please check here if contact information is same as last year

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email address 1: _____

Email address 2: _____

Please check all that apply

Yes, please include my family in the **SCHOOL-WIDE DIRECTORY** which is distributed to all school families. *This information will not be sold or shared with outside parties.*

However, I do NOT want the following information listed in the directory (*Circle any that apply*)

Parent name(s) Address Home Phone Cell Phone 1 Cell Phone 2 Email 1 Email 2

Yes, my child's name, address, phone number and email may be included on the **CLASS LIST**. I understand that this list may be circulated or distributed upon request to the families in my child's classroom only.

Yes, I agree that St. Peter School has the right to take **PHOTOGRAPHS**, video or digital recordings of my child for use on the school website, marketing and other media, exclusively for the purpose of the school.

Yes, please send me **EMAIL NEWSLETTERS** regarding St. Peter School.

Yes, please include my **BUSINESS** listing in this year's School-Wide Directory!

Business Name: _____

Contact Person: _____

Business Address: _____

Business Phone: _____ Website: _____

Please complete and return this form to school by Thursday, September 8th!