

# SCHOOL DIRECTORY!

The Kyrene del Cielo School Directory is an optional directory for contact information. While this is optional, teachers whose classes have 100% participation by August 30<sup>TH</sup> (including families that "opt out") will receive either an electric pencil sharpener or a \$25 gift card to Staples!

**ALL FORMS MUST BE TURNED IN BY AUGUST 30 – NO EXCEPTIONS! PLEASE PRINT CLEARLY!**

**SAVE TIME AND COMPLETE THIS FORM ONLINE AT [www.CieloPTO.org](http://www.CieloPTO.org)**

<b>STUDENT #1:</b>	First Name _____ Teacher _____	Last Name _____ Grade _____
<b>STUDENT #2:</b>	First Name _____ Teacher _____	Last Name _____ Grade _____
<b>STUDENT #3:</b>	First Name _____ Teacher _____	Last Name _____ Grade _____
<b>STUDENT #4:</b>	First Name _____ Teacher _____	Last Name _____ Grade _____

Would you like to include your contact information in the Directory?  Yes  No

*If No, you are done! Please return this form to one of your children's teachers.*

Did you participate in the school directory last year?  Yes  No

If Yes, Has your contact information changed?  Yes  No

*If No, you are done! Please return this form to one of your children's teachers.*

Please complete the remaining items, based on what you would like to include in the directory:

**HOUSEHOLD 1 (ALL FIELDS ARE OPTIONAL!):**

Parent/Guardian First Name(s): \_\_\_\_\_  
Parent/Guardian Last Name(s): \_\_\_\_\_  
Cell Phone 1: \_\_\_\_\_  
Whose Phone is Cell Phone 1? \_\_\_\_\_  
Cell Phone 2: \_\_\_\_\_  
Whose Phone is Cell Phone 2? \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
E-Mail 1: \_\_\_\_\_  
Whose E-Mail is E-Mail 1? \_\_\_\_\_  
E-Mail 2: \_\_\_\_\_  
Whose E-Mail is E-Mail 2? \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**HOUSEHOLD 2 (ALL FIELDS ARE OPTIONAL!):**

Parent/Guardian First Name(s): \_\_\_\_\_  
Parent/Guardian Last Name(s): \_\_\_\_\_  
Cell Phone 1: \_\_\_\_\_  
Whose Phone is Cell Phone 1? \_\_\_\_\_  
Cell Phone 2: \_\_\_\_\_  
Whose Phone is Cell Phone 2? \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
E-Mail 1: \_\_\_\_\_  
Whose E-Mail is E-Mail 1? \_\_\_\_\_  
E-Mail 2: \_\_\_\_\_  
Whose E-Mail is E-Mail 2? \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_