



ECS Communications Directory Form

Student Info

First Name _____

Last Name _____

Grade _____

Address _____

City/State/Zip _____

Student Cell
Phone _____

(if applicable) _____ Home Phone _____

Parent 1 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Please send school communications to this cell phone number and email address. (You may choose for both parents to receive communications.)

Parent 2 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Please send school communications to this cell phone number and email address. (You may choose for both parents to receive communications.)

I give ECS permission to text my child's cell phone with occasional notifications such as snow days and other important reminders.

Parent Signature