St. Louis Park Public Schools

Directory Information Request Form

Date of Request _____

Name of Requestor _____

Company/Organization _____

Phone Number _____

Email Address _____

Mailing Address _____

Please indicate the directory information that you request:

Check applicable boxes next to each of these…	*Specify School(s):*
☐ Parent Names ☐ Parent Telephone (first contact) ☐ Email Addresses (only available to school PTO's)	☐ Aquila Elementary School ☐ Peter Hobart Elementary School ☐ Park Spanish Immersion Elementary School ☐ Susan Lindgren Elementary School ☐ All Elementary Schools (K-5) ☐ St. Louis Park Middle School ☐ St. Louis Park High School ☐ All St. Louis Park Public Schools (K-12)

Purpose of request: _____

_____

Please return this form and your $50 payment to:

Checks made payable to ISD 283
Office of the Superintendent
St. Louis Park Public Schools District Office
6300 Walker St.
St. Louis Park, MN 55416
or
via email: mumm.barbara@slpschools.org