

Buist Family Directory Information and Release Form

Student #1 Name _____ Grade/Teacher _____

Student #2 Name _____ Grade/Teacher _____

Student #3 Name _____ Grade/Teacher _____

House Name : Blarney Charmont Neuschwanstein Red Fort Valdivia Warwick White Heron

Parent/Guardian# 1 Information

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

First Name _____ Last Name _____

Phone # _____ Phone type: cell work

Email _____

Parent/Guardian # 2 Information

home address and phone the same as above

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

First Name _____ Last Name _____

Phone # _____ Phone type: cell work

Email _____

Family Consent and Authorization:

By signing below, I/we understand that the information listed above will be included in the online password protected Buist Academy Foundation School Directory with "Membership Toolkit" and hereby consent to the inclusion of our family's information in the directory. I/we further understand that an initial link with a temporary password will be sent to the email address listed above so that I/we can sign in and establish a personal password for access to the directory. At any point, I/we have the right to opt out of displaying any information, phone, email, address, etc., and to edit our information.

Signature(s) _____

Please email the completed form to buist.family.directory@gmail.com or return to your student's teacher