Student Directory Consent Form

Dear Parent/Guardian,

We are preparing a class directory to help families connect with one another throughout the school year. The directory will be distributed only to members of the class community and will not be shared publicly.

Please check the boxes to indicate what information you consent to have included.

Information to Include (check all that apply):

☐ Student's Full Name
☐ Parent/Guardian Name(s)
☐ Phone Number: _____ _____
☐ Email Address:_____ _____
☐ Home Address: _____

Distribution Preference:

☐ I give consent for the directory to be shared via PDF to families in my child's class.

☐ I do not give consent for the directory to be shared via PDF to families in my child's class.

Student's Name:

_____ _____

_____ _____

Parent/Guardian Signature: _____

Date: _____

If you have any questions, please contact:
Erin Terry or Sushma Patel
858-756-0184