



RICHLAND ELEMENTARY STUDENT DIRECTORY FORM



THE INFORMATION PROVIDED BELOW WILL BE COMPILED BY THE RICHLAND PTO FOR:

- **RICHLAND STUDENT DIRECTORY**
- **CLASSROOM DIRECTORIES FOR HOMEWORK/EVENTS/PARTIES**
- **WEEKLY SCHOOL/PTO EMAILS ABOUT UPCOMING EVENTS**

ADULT CONTACT INFORMATION:

_____ Parent/Guardian _____ Grandparent
 _____ Teacher/Staff _____ Other

ADULT #1 NAME/EMAIL AS YOU WANT IT TO APPEAR IN DIRECTORY (PLEASE PRINT CLEARLY):

(Adult Name) _____

(Email) _____

(CELL) _____

ADULT #2 NAME/EMAIL AS YOU WANT IT TO APPEAR IN DIRECTORY (PLEASE PRINT CLEARLY):

(Adult Name) _____

(Email) _____

(CELL) _____

****Please return this form along with the other forms to the respective teachers in the cafeteria.***

STUDENT(S) INFORMATION (PRINT CLEARLY):

(Student Name) _____

GRADE _____ TEACHER _____

(Student Name) _____

GRADE _____ TEACHER _____

(Student Name) _____

GRADE _____ TEACHER _____

(Student Name) _____

GRADE _____ TEACHER _____

STUDENT DIRECTORY PERMISSION:

I give Richland PTO permission for the information above to be printed in the Student Directory

_____ **YES- Permission for Student Directory**

_____ **NO- Permission for Student Directory**

 Signature Required

PLEASE VOLUNTEER YOUR TIME & **CHECK THE AREA(S) WITHIN RICHLAND PTO THAT INTERESTS YOU THE MOST.** YOU WILL BE CONTACTED BY THE CHAIRPERSON WITH FURTHER INFORMATION ON HOW YOU CAN HELP. YOUR INVOLVEMENT COUNTS & IS APPRECIATED!

<input type="checkbox"/> STUDENT DIRECTORY	<input type="checkbox"/> TEACHER HOSPITALITY	<input type="checkbox"/> SCHOOL HOSPITALITY	<input type="checkbox"/> GRANDPARENT LUNCHEON
<input type="checkbox"/> FALL PICTURE DAY	<input type="checkbox"/> BOOK FAIR	<input type="checkbox"/> DONUTS WITH DAD	<input type="checkbox"/> MATH & SCIENCE NIGHT
<input type="checkbox"/> WINTER PICTURE DAY	<input type="checkbox"/> MORNINGS WITH MOM	<input type="checkbox"/> FAMILY READING NIGHT	<input type="checkbox"/> GROUNDS BEAUTIFICATION
<input type="checkbox"/> TCAP TEST PROCTORING	<input type="checkbox"/> SPRING FLING FESTIVAL	<input type="checkbox"/> AR STORE	<input type="checkbox"/> BOOSTERTHON FUN RUN
<input type="checkbox"/> FIELD DAY EVENTS	<input type="checkbox"/> 5 th GRADUATION DAY	<input type="checkbox"/> YEARBOOK	<input type="checkbox"/> WATCH D.O.G.S. for DADS
<input type="checkbox"/> LUNCHROOM HELPERS	<input type="checkbox"/> SKATE NIGHTS	<input type="checkbox"/> EXTRA HANDS/MISCELL.	<input type="checkbox"/> PARENTS ON PATROL (P.O.P)