

CHORAL DIRECTORY INFORMATION

Please **PRINT** the following information clearly.

STUDENT NAME _____

CHOIR(S) _____

ADDRESS _____

CITY/ZIP _____

HOME PHONE _____

STUDENT CELL PHONE _____

STUDENT EMAIL _____

ID # _____ LOCKER # _____ BIRTHDATE _____

MOM/GUARDIAN NAME _____

ADDRESS (If different than above) _____

MOM'S WORK PHONE _____

MOM'S CELL PHONE _____

MOM'S EMAIL _____

DAD/GUARDIAN NAME _____

ADDRESS (If different than above) _____

DAD'S WORK PHONE _____

DAD'S CELL PHONE _____

DAD'S EMAIL _____

CAPS is planning to publish a Student/Parent Directory which will include the above information for the personal use of Choral families only. **Please ✓ the following and sign if you DO NOT wish to be included.**

Please complete the form and return it even if you do not wish to be included in the Directory and we will keep it for internal use only.

_____ We **DO NOT** wish to be included in the Choral Directory.
(✓)

Signature