



SPE Student Directory 2009-10 FAMILY INFORMATION

Parent(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____ Cell Phone: (_____) _____

	SPE Student's Names (as I'd like them to appear)		Grade	Teacher
	First Name	Last Name (please confirm)	<small>Please note K-1/2 day, K-full day</small>	
Child 1				
Child 2				
Child 3				
Child 4				

Please indicate your plans:

- I plan to join the PTA so send me one directory FREE when it is available.
- I'm not planning to join the PTA, but I'd like to order a directory for \$15. Attached to this form is my check or cash (payable to SPE PTA).

**Form Deadline:
Friday, September 18!**

The PTA recognizes the use of checks instead of cash as a best practice in money handling. Please consider writing your check payable to "SPE PTA" instead of sending cash.

RETURN THIS FORM TO APRIL BYRD