



PTA

ACE PTA PARENT-STUDENT DIRECTORY

PTA use only

of directories _____
amount paid \$ _____

The ACE PTA publishes a Parent-Student Directory each year to help our families by listing students' names, parents/guardians, mail and email addresses, and phone numbers by grade and class. **We need your permission to include your child's information.** Only the student's name will be listed in the directory unless this form is **completed, signed and returned.** You do not have to purchase a directory for your child(ren)'s information to be included, and you can include as much or as little information as you would like. Thank you!

******Authorization signature _____ (by parent or guardian only)******

- YES, I would like to order _____ copies of the Directory at \$5.00 per copy.**
Payment may be included in your general check.
- NO, I do NOT want to order a Directory, but would like the following information included.**

***** LAST DAY TO RETURN TO SCHOOL AND BE INCLUDED – FRIDAY, September 1 *****

Please print legibly. Thank you!

GRADE _____ TEACHER _____

STUDENT NAME _____

(As you would like it to appear in the directory, ex John Smith, name called & last name)

GRADE _____ TEACHER _____

STUDENT NAME _____

GRADE _____ TEACHER _____

STUDENT NAME _____

IF YOU NEED MORE SPACE FOR MORE FAMILY MEMBERS, PLEASE USE BACK OF THIS PAPER. **PLEASE COMPLETE ONLY ONE FORM PER FAMILY.** ALL DIRECTORIES ORDERED WILL BE DELIVERED TO THE CHILD LISTED AT THE TOP. THANK YOU!

PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE A NEW ACE FAMILY OR IF YOUR INFORMATION HAS CHANGED SINCE LAST YEAR'S PUBLICATION OF THE DIRECTORY. IF THIS SECTION IS NOT COMPLETED, INFORMATION FROM LAST YEAR'S DIRECTORY WILL BE REPRINTED IN THIS YEAR'S DIRECTORY. THANK YOU!

CONTACT INFORMATION – where and with whom child lives

Child's primary address _____
Street (city, if NOT Greenville) Zip Code

Parent/guardian names _____ (Please list Mom first)

Home phone _____ Cell phone (s) _____ (Mom) _____ (Dad)

Email address(es) _____ (Mom) _____ (Dad)

If child splits time between two homes, please complete below

Child's secondary address _____
Street (city, if NOT Greenville) Zip Code

Parent/guardian names _____ (Please list Mom first)

Home phone _____ Cell phone (s) _____ (Mom) _____ (Dad)

Email address(es) _____ (Mom) _____ (Dad)

Questions? Please contact Anna Kate Brown at 864.350.8371 or annakatebrown@yahoo.com (include ACE PTA Directory in subject)