

**CARMEL VALLEY MIDDLE SCHOOL
PTSA STUDENT DIRECTORY FORM**

The *Carmel Valley Middle School PTSA* will be printing a student directory for all members, as a member benefit. The directory is a great resource for school friends (and their parents) to reach each other for homework help, carpooling, and social gatherings.

Privacy rules require us to get your permission to include your child(ren) in the directory. The directory will be distributed **ONLY** to parents and students at CVMS. Your information will be included **ONLY** if you return this form indicating that you want to be included. You **DO NOT** have to provide all of the information requested in order to be included. Please note that in order to receive a copy of the directory upon completion; you must *join the PTSA*, which requires a separate form to be turned in with a check for membership.

Please fill out and return this form **WHETHER OR NOT** you want to be included in the directory.

—————>Your signature gives approval for this information to remain in the directory for 2 YEARS.<————

PLEASE PRINT NEATLY!

 YES, please include my child(ren) in the CV Student Directory! *I understand I only need to fill out this form ONCE upon entering 7th grade. I will automatically be included as an 8th grader (unless our address/phone # have changed since 7th grade which will require completing a new form).*

Student <u>LAST</u> Name	Student <u>FIRST</u> Name	Grade (7 or 8)
_____	_____	_____
_____	_____	_____

IMPORTANT: Please indicate the HOME Phone below of EACH parent. Where there is NOT a home phone you may indicate a primary cell phone number.

Mother's Name: _____ Home Phone: _____

Mother's Street Address: _____ City: _____

Father's Name: _____ Home Phone: _____
Or circle: SAME

Father's Street Address: _____ City: _____
Or circle: SAME

OR,

 NO, please *do not* include my child(ren) in the directory. Please list name (s) below:

Student <u>LAST</u> Name	Student <u>FIRST</u> Name	Grade (7or 8)
_____	_____	_____
_____	_____	_____

****FORM MUST BE SIGNED BY PARENT OR GUARDIAN****

X _____
Signature of Parent or Guardian Date

****Please return this form to the CVMS Office, 3800 Mykonos Lane, San Diego, CA 92130****