



PARENT DIRECTORY CONSENT FORM

Thank you for agreeing to participate in the St. Anne Catholic Grade School Directory. Please fill out this consent form as completely as possible and return by August 30, 2010. Because this involves your signature, we need a "hard" copy of this so please mail it, fax it or hand deliver it to the main office.

Parent Name(s): _____

Home Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone Numbers:

Home: _____ Fax: _____

Work Number(s): _____

Cell Number(s): _____

E-Mail Address(es): _____

Child(ren)'s Name(s) and Grade(s) in 2010: _____

Please indicate your consent for the directory:

* _____ I give my permission to include the above information in the Parent Directory for St. Anne Catholic School.

Parent Signature(s): _____ Date: _____

Please return to:

St. Anne Catholic School
5920 Arden Ave.
Warren, MI 48092
Fax: 586-264-4533