

**FOR PTA SCHOOL DIRECTORY:**

**PTA Directory:** The directory is a resource with 2020/21 GUFFS student, faculty, and parent information. Please provide your family's contact information to be included and receive a copy. You can also opt to not be listed in the directory and provide information to receive information regarding PTA activities and events. The directory will be distributed in October.

Parent 1: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parents Phone Numbers: \_\_\_\_\_

Parents Emails: \_\_\_\_\_

Parent 2 (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parents Phone Numbers: \_\_\_\_\_

Parents Emails: \_\_\_\_\_

Child(ren):

Child 1 Name: \_\_\_\_\_

Child 1 Grade: \_\_\_\_\_ Child 1 Teacher: \_\_\_\_\_

Child 1 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Child 2 Name: \_\_\_\_\_

Child 2 Grade: \_\_\_\_\_ Child 2 Teacher: \_\_\_\_\_

Child 2 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Child 3 Name: \_\_\_\_\_

Child 3 Grade: \_\_\_\_\_ Child 3 Teacher: \_\_\_\_\_

Child 3 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Child 4 Name: \_\_\_\_\_

Child 4 Grade: \_\_\_\_\_ Child 4 Teacher: \_\_\_\_\_

Child 4 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Child 5 Name: \_\_\_\_\_

Child 5 Grade: \_\_\_\_\_ Child 5 Teacher: \_\_\_\_\_

Child 5 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Child 6 Name: \_\_\_\_\_

Child 6 Grade: \_\_\_\_\_ Child 6 Teacher: \_\_\_\_\_

Child 6 Attending: \_\_\_\_\_ In-Person \_\_\_\_\_ Remote

Which number do you want listed as the primary contact phone number in the directory?  
\_\_\_\_\_

Is the PTA granted permission to disclose this contact information pertaining to my child in our school directory?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Is the PTA is granted permission to use my child(ren)'s photograph(s) for PTA publications?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Is there anything important that was not captured in this questionnaire?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return by **October 5, 2020** to:

GUFS PTA c/o Secretary 1100 Route 9D, Garrison, NY 10524