

CHATSWORTH PTA
DIRECTORY INFORMATION

Student Information:

Last Name: _____ First Name: _____ Homebase: _____

Last Name: _____ First Name: _____ Homebase: _____

Last Name: _____ First Name: _____ Homebase: _____

Parent Information:

Home Address: _____

City, State, Zip Code _____

Home Phone: (____) _____

Mother Name: _____ Cell Phone: _____ Email address: _____

Father Name: _____ Cell Phone: _____ Email address: _____

Directions and Disclaimers:

1. Please complete all fields that you want to have published in the directory.
2. If you do not wish to have a cell phone or email address included, you may leave the information blank.

By completing this directory, you expressly grant permission to Chatsworth School to publish your information in a public directory, which will be distributed to all participants during the school year.

Your participation in completing this information is strictly voluntary.

This form is property of Chatsworth School PTA and is in no way directly affiliated with the school, itself.

Please return this form to the Chatsworth PTA in an envelope marked "PTA Directory."