

Student #1 Name

DIRECTORY INFORMATION FORM

Today's Date:

Please visit www.poepto.org for information on how to submit your information electronically.

The purpose of the directory is to give you the names and contact info for the other children in your child' class to help in sharing information regarding school activities, classroom events, and other school-related issues. Each family will receive one free copy of the directory. Please print legibly. Include your child(ren's) nickname and/or preferred name as well as the name on school records. Note – the PTO must gather this information in addition to the registration contact information that HISD gathers.

Teacher/Grade:

Student	#2 Name			Teacher/Grade:		
Student	#3 Name		Teacher/Grade:			
Student	#4 Name			Teacher/Grade:		
0	YES, I want my information to a information below exactly as you want it August 20 th /21st or at the Ice Cream So teacher after school starts. NO CHANGE FROM LAST YEAR. 2012-2013 directory if you returned your form. NO, I DO NOT want my informate the information below, but please at least School Packets' August 20 th /21st or at the second packets of the information of the information of the information below.	ppear in t to appear ocial Augus We will co orm last yea ion to ap	the scho in the direct st 22 OR retu opy the exact ar. opear in the	col directory. Please catory and return with Back with the Front Office OR tinformation for all of your the school directory. If this form and return with	to School Packets' to your child's children from the DONOT complete with 'Back to	
your child's teacher after school starts. Optional - Please provide my name and email address to the home room parent only to contact me for school related activities: Students' Primary Address Street Apt # City Zip code						
Student	s' Home Phone					
Name – Parent #1			Name – Parent #2			
Phone (Please only include one preferred number per parent)			Phone (P	Phone (Please only include one preferred number per parent)		
Email Address			Email Ad	Email Address		
pleas	ı would like your child's nam se attach \$15.00 per child (cl support!			_		

RETURN DEADLINE IS Thursday, September 12TH.

It is the policy of the Houston Independent School District and Poe Elementary not to discriminate on the basis of age, color, handicap or disability, ancestry, national origin, marital status, race, religion, sex, veteran status, or political affiliation in its educational or employment programs and activities.

of children Amount enclosed Check # Cash