



Permission for Annual Class Roster

Student Name: _____

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster: Please check **Yes** or **No** in each row.

My Child's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Names	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Parent or Guardian: _____ School Year: _____