

**DIRECTORY INFORMATION MUST BE COMPLETED BY  
AUGUST 29**

Please fill out completely as you want your child's information shown in the directory. You must do one for each child. Please return to your child's homeroom teacher by Aug. 29. Thank you.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Parents Names \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_ Yes, I want the above information printed in the BMS school directory.

\_\_\_\_\_ No, I do not want my child's information listed in the BMS school directory.

I understand my child's information will or will not be printed in the BMS school directory as I have indicated above.

\_\_\_\_\_

Parent's Signature

**PTO Family Membership (please make checks payable to BMS PTO)**

\_\_\_\_\_ Yes, I want my family to join the PTO and here is my check for \$25. I understand membership provides my family with a school directory. Check # \_\_\_\_\_

\_\_\_\_\_ Yes, I would like an additional directory for \$5. Check # \_\_\_\_\_

\_\_\_\_\_ No, I do not want to join the PTO and understand that while my child's information will be included in the directory (unless indicated otherwise above), my family will not receive a BMS school directory

\_\_\_\_\_

Parent's Signature