

**Family Data/  
Communication/Dismissal Plans**

**Please return to  
school office by  
Monday, August 8.**

**North American  
Martyrs School**  
2016-2017

**Family Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_

Child(ren) \_\_\_\_\_  
and grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Father** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Please send newsletters, statements and other correspondence to  
the following e-mail(s):**

\_\_\_\_\_

\_\_\_ I do **not** have e-mail; please send correspondence with my child \_\_\_\_\_.

After school, my child(ren) will:

\_\_\_ be picked up by vehicle \_\_\_ walk or ride a bike home  
\_\_\_ stay at the Extended Care Program

The following people may pick up my child(ren) after school:

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