

**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:

