2016-17 NEW VISTA SCHOOL PARENT DIRECTORY CONSENT FORM

Thank you for agreeing to participate in the New Vista School Parent Directory. Please fill out this consent form and return with your 2016-17 Student Registration Packet. ***Participation is completely voluntary***. You may complete only the information you are comfortable providing.

Student's Name(s) and Grade(s) in 2016-17:

_____ _____ _____

If student resides in more than one residence, please provide accordingly.

Mother's Name	Father's Name
_____	_____
Home Address	Home Address
_____	_____
_____	_____
Home Phone	Home Phone
_____	_____
Cell Phone	Cell Phone
_____	_____
Email Address	Email Address
_____	_____

I give my permission to include the above information in the New Vista School Parent Directory that is provided to all members of the NVS Faculty & Staff and Parent Guild members.

Consent to release information to NVS Parent Community. ☐ Yes ☐ No

Parent Signature(s):

_____ _____