HIGHLAND CATHOLIC SCHOOL
welcoming everyone in an experience that's more than an education

DIRECTORY/MAILING FORM

2009-2010 School Year

(Please Print)

Student(s) Name(s)_____
LAST NAME MIDDLE FIRST

_____

_____

_____

Address _____

_____
CITY STATE ZIP

Student Telephone Number _____
(AREA CODE) PHONE NUMBER

Family's Email Address _____

Please indicate either Mr., Mrs., Ms., Dr., Miss or other:

Mother's Name_____

Address (if different from student)_____

_____
CITY STATE ZIP

Mother's Telephone Number (if different from student) _____
(AREA CODE) PHONE NUMBER

Father's Name_____

Address (if different from student)_____

_____
CITY STATE ZIP

Father's Telephone Number (if different from student) _____
(AREA CODE) PHONE NUMBER

Any other pertinent information

_____

I give my permission to include my name and that of my children in the Highland Catholic School Directory

Parent Signature _____Date_____