



FAMILY DIRECTORY INFORMATION FORM

Dear Parents/Guardians:

Many families have expressed interest in being able to get together with other families at our school. We are in the process of compiling information for our Family Directory. The Directory may be used for those families who wish to organize community opportunities, play dates, birthday parties, etc. with other students in the program. The information you provide to us will be shared only with those families who choose to be a part of the Directory.

If you would like to be included in this booklet, please complete the bottom portion of this letter and return it to school to your child's teacher. If you have any questions, please contact me at 203-385-5729.

Sincerely,

Lisa A. Riggi

Lisa A. Riggi
Principal

Child's Name _____

Parent/Guardian Name(s) _____

Contact Phone Number(s) _____

E-mail(s): _____

Student's Teacher _____

I give permission for my name and phone number to be included in the Aspire Living & Learning Academy Family Directory. I understand that this information will be shared only with those families who participate in this activity. I also understand that I may withdraw my name at any time.

Parent/Guardian Signature _____ Date _____

** Consent is valid for one year of signed document.