

# Buist Family Directory Information and Release Form

Student #1 Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Student #2 Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Student #3 Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

House Name :  Blarney  Charmont  Neuschwanstein  Red Fort  Valdivia  Warwick  White Heron

## Household # 1 Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent #1 Phone # \_\_\_\_\_ Phone type:  cell  work

Parent #1 Email \_\_\_\_\_

Parent #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent #2 Phone # \_\_\_\_\_ Phone type:  cell  work

Parent #2 Email \_\_\_\_\_

## Household # 2 Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent #3 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent #3 Phone # \_\_\_\_\_ Phone type:  cell  work

Parent #3 Email \_\_\_\_\_

Parent #4 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent #4 Phone # \_\_\_\_\_ Phone type:  cell  work

Parent #4 Email \_\_\_\_\_

### Family Consent and Authorization:

By signing below, I/we understand that the information listed above will be included in the online password protected Buist Academy Foundation School Directory with "My School Anywhere" and hereby consent to the inclusion of our family's information in the directory. I/we further understand that an initial link with a temporary password will be sent to the email address listed above so that I/we can sign in and establish a personal password for access to the directory. At any point, I/we have the right to opt out of displaying any information, phone, email, address, etc., and to edit our information.

Signature(s) \_\_\_\_\_