



ALL SAINTS ACADEMY

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Family Directory Information Sheet

Please fill out the sheet below with any information that you would like included in the ASA Family Directory.

Family Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Optional Information:

Mother's Name: _____

Address: _____

Father's Name: _____

Address: _____

Mother's Phone Number: _____

Father's Phone Number: _____

Mother's Email Address: _____

Father's Email Address: _____

I understand that the above information will be included in the All Saints Academy Family Directory and will be shared within the school community with families, faculty, and staff for the purpose of aiding in communication.

Parent Signature

Date