

Adventure Montessori Learning of Lafayette Teachers Information Record

Family Information 2011 – 2012 School Year
- ONE PER FAMILY -

Student(s) Name(s): _____

	Mother	Father
Name:		
Preferred Phone #:		
Best Time to Call:		
E-mail:		
Profession:		
Employer:		
Special Skills/ Talents		

Please **Email** Adventure Montessori Learning, communications whenever possible.

Mother Father Other: _____

Please add my/our special skills and talents to the student directory.

Grandparent Information:

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Yes No - AML may inform and invite these grandparents to upcoming school events.

Yes No - AML may send these grandparents information and a solicitation pertaining to the Annual Giving Campaign.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Yes No - AML may inform and invite these grandparents to upcoming school events.