

# 2011-12 Haverford High School PTSA Directory Consent

## Authorization (if no change from last year's HHS directory, no action is needed)

Your signed authorization is required to list student information in the PTSA Directory; it remains in effect while your child attends HHS. Each year you will be given the opportunity to change information or withdraw your consent.

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Parent or Guardian Signature

Date

Parent email address (not listed in directory)

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## Directory Entry

### Child 1

New       Correction       Remove

### Grade

9     10     11     12

Name (Last, First) \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Parent Names \_\_\_\_\_

Alternate Street \_\_\_\_\_ City \_\_\_\_\_

Parent Names \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### Child 2

New       Correction       Remove

### Grade

9     10     11     12

Name (Last, First) \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Parent Names \_\_\_\_\_

Alternate Street \_\_\_\_\_ City \_\_\_\_\_

Parent Names \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Please return this form by 9/30/2011 to Donna Conneen, 215 Strathmore Rd.  
Havertown, PA 19083**

Questions? Contact Karen Brandon 610.449.3662 or karenb@hhsptsa.org