

**KATONAH-LEWISBORO SCHOOL DISTRICT**  
**2019-2020**  
**(Please print legibly)**

Student's Name:	19-20 Grade:	19-20 School:
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**PTA/PTO STUDENT DIRECTORY FORM AND AGREEMENT**  
**STUDENT INFORMATION OPT-OUT**  
**(Required)**

Each year, the school district provides to the Parent Teacher Associations and Organizations directory information for the students in their building. This information includes the student's name, home address and home telephone number.

*If you select "YES, I AGREE", your student's information will be included in the Directory.*

*If you select "NO, I DO NOT AGREE", your student's information will NOT be included in the Directory.*

Please make a selection:

Yes, I agree

No, I do not agree

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian - Signatory must be 18 years of age or older