

**GRADES K-8** 3830 ROSEMONT AVE. LANSING, MI 48910-4592 (517) 882-6631

WWW.IHMLANSING.ORG

## **Contact information accuracy:**

Attached please find a copy of your original school Registration Form. To ensure complete accuracy of your contact information for the new school year ahead we respectfully ask that you carefully review each section of your form and make any necessary changes. It is critical that we have the most up to date information available. Please make sure and include someone we can call in **case of emergency** and cannot reach you. It is never what we hope will happen, but we would prefer it not be a problem in an emergency!

IHM-St. Casimir School annually creates a student directory for distribution to all school families. This is a valuable resource for students, parents and coaches. We would appreciate all families participating in this directory. Parents, please sign below so that your contact information is included in this directory. All contact information is secured from your school registration. If there are changes in that information, please inform the school office at once, or list those changes below.

## **Student directory consent:**

applicable

I hereby authorize the publication of our family names, phone number and address for the sole purpose of creating a school student directory. All information gathered shall be limited in use to the publication of the student directory and shall not be exchanged with any other persons, agencies or organizations not directly related to IHM-St. Casimir School within the context of the law. In addition, upon receipt of a published student directory I agree not to use this information for personal gain, business solicitation or any other purpose outside of school or parish activities.

Printed parent name	
Signature	Date
calendars, menus, etc.) by email. We will use the en information by email, (appropriate address or address	ar weekly Family Bulletin and various communications (monthly mail address provided to us on your registration form for your weekly sses if multiple emails are preferred). If you would prefer us to use a see provided. If you do not use email, please check paper copy only he weekly family envelopes.
Family name:	
Student names:	
YES, our Registration Information is correct, use the	at email:
NO, Please use this address:(please print clearly)	
Paper copies only, please.	
Parent/Guardian signature	Date
Your email address will only be shared with the class	ssroom teachers, PTO reps and Athletic Director or coaches if

ONE GOD, ONE FAITH, ONE SCHOOL