

COCOPAH APT STUDENT DIRECTORY

CLEARLY PRINT all information EXACTLY as you want it printed in the directory.

Student Name as s/he is known by friends at school	Grade	First Hour Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Primary Home/Parent Information:

Parent(s) Name: _____ Email: _____

Address: _____ City _____ Zip _____

Home Phone:(_____)_____ Parent's Cell(_____)_____

Students of families that join the APT will be designated in bold type. ___ I/We have joined the Cocopah APT

Student Secondary Home/Parent Information:

Parent(s)Name: _____ Email: _____

Address: _____ City _____ Zip _____

Home Phone: (_____)_____ Parent's Cell(_____)_____

Students of families that join the APT will be designated in bold type. ___ I/We have joined the Cocopah APT

Parent signature _____

Parent signature gives permission for this information to be published in the student directory and for use by the Cocopah APT for school, SUSD or APT related issues.

*I consent to being a "Safe Home" _____

(Please refer to the "Safe Home Pledge" page for an explanation.) Parent/Guardian Signature

Questions? Contact: Sandy Kravetz, Chairperson, Directory Committee, phone (480) 642-7025 or email: snjkravetz@cox.net

The Student Directory is published by Cocopah APT and is designed to facilitate the work and activities of the school. The Directory is not intended for solicitation purposes. Please do not share Directory information with outside groups or agencies for purposes of solicitation.

**PLEASE RETURN TO THE COCOPAH OFFICE OR YOUR STUDENT'S HOMEROOM
BY FRIDAY, SEPTEMBER 4. THANK YOU!**