

THE BOERUM HILL SCHOOL FOR INTERNATIONAL STUDIES

CONTACT INFORMATION SHEET

PARENT/GUARDIAN 1 & STUDENT CONTACT INFO:

PARENT/GUARDIAN LAST NAME:	FIRST NAME:	DATE:
STUDENT LAST NAME:	STUDENT FIRST NAME:	DOB:
FEEDER SCHOOL:	GRADE STUDENT IS ENTERING:	
PARENT CELL #:	PARENT EMAIL:	
ALTERNATE (Emergency): TEL #:	EVENING TEL #:	
PARENT PROFESSION/ FIELD: (career day/dissertation panels/internship possibilities) **optional		
ADDITIONAL GUARDIAN PROFESSION/FIELD (career day/dissertation panels/internship possibilities) **optional		
Do you consent to sharing your email address and cell (mobile) phone # with the PTA? (no other information will be shared)	YES _____ NO _____	

ADDITIONAL PARENT/GUARDIAN (2) CONTACT INFO:

PARENT/GUARDIAN 2	LAST NAME:	FIRST NAME:
CONTACT #	RELATIONSHIP TO STUDENT:	
ADDITIONAL CONTACT #:	EMAIL ADDRESS:	

EMERGENCY CONTACT INFO:

(In case we cannot reach 1 or 2, above)	LAST NAME:	FIRST NAME:
CONTACT #	RELATIONSHIP TO STUDENT:	
ADDITIONAL CONTACT #:	EMAIL ADDRESS:	

SCHOOL COMMUNITY INFORMATION

Are you interested in having an active role in the PTA Executive Board (Member or Event Chair)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What ways would you be interested in participating at school? (You may choose more than one option)		
<input type="checkbox"/> PTA / PTA COMMITTEES	<input type="checkbox"/> RECRUITMENT EVENTS	<input type="checkbox"/> CHAPERONE SCHOOL TRIPS
<input type="checkbox"/> VOLUNTEER AT SCHOOL	<input type="checkbox"/> MONETARY DONATION	<input type="checkbox"/> FUNDRAISING / GRANTS
<input type="checkbox"/> ASSIST WITH SCHOOL EVENTS	<input type="checkbox"/> SLT / ADVOCACY	
(including employer matching gifts)		
<input type="checkbox"/> OTHER: _____		

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