

The Linden School-Change of Contact Information Form

Name of the Individual Requesting the Information Change: _____

Daughter's Name: _____ Daughter's Grade: _____

Please note any changes in the following blanks below:

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Other Phone Number: _____ (please specify-i.e. cell phone, pager, etc.)

Email: _____

Please return by fax to 416-966-9736 or drop off at the front desk