



Communications @ Linden: 2009-2010

The purpose of this form is to gather information about how you would like us to communicate with you during the upcoming school year. If you have any questions about this form, please contact Kate Raven, Communications Coordinator, at 416-966-4406 x 51 or at communications@lindenschool.ca

Contact Information

It is important that we have the names, e-mail addresses and phone numbers of all parents and guardians on file. Ensuring that we have your current e-mail address is especially important, as we often send out news bulletins, reminders and other important messages via e-mail. We also send out our weekly e-newsletter, *In The Loop*, through e-mail.

We will automatically send school e-mail correspondence to each student's **primary parent/guardian contact**, as listed below; however, we can also send these messages to **all** parents and guardians if desired. When filling out parent/guardian information below, please indicate whether each individual would like to receive school correspondence through e-mail.

<p>Parent/Guardian #1 (Primary Contact)*</p> <p>Name: _____</p> <p>E-Mail Address: _____</p> <p>Phone #: _____</p> <p>*This contact will automatically receive news bulletins, reminders and messages via e-mail, as well as our weekly e-newsletter, <i>In The Loop</i>.</p> <p>May we share the information provided above with the Linden community (e.g. as part of class phone lists, for use by Class Parents in planning social events)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Parent/Guardian #2 (Secondary Contact)</p> <p>Name: _____</p> <p>E-Mail Address: _____</p> <p>Phone #: _____</p> <p>Would you like to receive e-mail news bulletins, reminders and messages from the school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to be added to the mailing list for <i>In The Loop</i>, our weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we share the information provided above with the Linden community (e.g. as part of class phone lists, for use by Class Parents in planning social events)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Parent/Guardian #3 (Secondary Contact)</p> <p>Name: _____</p> <p>E-Mail Address: _____</p> <p>Phone #: _____</p> <p>Would you like to receive e-mail news bulletins, reminders and messages from the school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to be added to the mailing list for <i>In The Loop</i>, our weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we share the information provided above with the Linden community (e.g. as part of class phone lists, for use by Class Parents in planning social events)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Parent/Guardian #4 (Secondary Contact)</p> <p>Name: _____</p> <p>E-Mail Address: _____</p> <p>Phone #: _____</p> <p>Would you like to receive e-mail news bulletins, reminders and messages from the school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to be added to the mailing list for <i>In The Loop</i>, our weekly e-newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we share the information provided above with the Linden community (e.g. as part of class phone lists, for use by Class Parents in planning social events)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PLEASE TURN OVER →

Student's Grandparents – Contact Information

The contact information provided below for a student's grandparents will allow us to send them copies of our quarterly newsletter, *The Linden Letter*, as well as information regarding our Annual Giving Campaign and invitations to school events.

Please record grandparents living at the same address as one contact.

Grandparent Contact # 1 Name(s): _____ Street Address: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ E-Mail Address: _____ Phone #: _____	Grandparent Contact# 2 Name(s): _____ Street Address: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ E-Mail Address: _____ Phone #: _____
Grandparent Contact # 3 Name(s): _____ Street Address: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ E-Mail Address: _____ Phone #: _____	Grandparent Contact # 4 Name(s): _____ Street Address: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ E-Mail Address: _____ Phone #: _____

Please read before signing:

The information collected on this form will **only** used for the purposes stated above, and will not be shared with individuals and organizations outside of school. Only school administrative staff will have access to this information, except for that information which you have given your permission to disclose to the Linden community.

By completing and signing this form, you authorize The Linden School to use the information you have provided for the purposes outlined above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____