

**PARK RIDGE SCHOOL DISTRICT
WEST RIDGE ELEMENTARY SCHOOL**

To: All Parents/Guardians
From: Christine McCaffery, Principal
Re: Email and Non-Email
Date: September 2017

At this time, I would like to request your email address, which will only be used for the purpose of communications from the West Ridge office and myself. Please complete the following information below and return it to the West Ridge main office no later than Friday, September 8, 2017. Please fill out the fields below with this information. If there is a second parent contact name and e-mail address, please be sure to fill out the secondary fields provided below.

If you do not have an email address, please mark with an "X" in the field provided and write your name and your child's name in the space below as well.

Thank you for your cooperation.

Student Name: _____

Teacher Name: _____ Grade: _____

Primary E-Mail Address: _____

Parent/Guardian Name: _____

Secondary E-Mail Address: _____

Parent/Guardian Name: _____

We do NOT have an E-Mail address: _____

PLEASE PRINT CLEARLY!

RETURN THIS FORM TO THE WEST RIDGE OFFICE NO LATER THAN FRIDAY,
SEPTEMBER 8, 2017. THANK YOU