

LFHS STUDENT DIRECTORY INFORMATION FORM 2011-12

WHO SHOULD COMPLETE THIS FORM?

- Any **NEW LFHS STUDENT** who **DID NOT FILL OUT A STUDENT DIRECTORY FORM** during registration.
- Any **RETURNING STUDENT** who was **NOT INCLUDED IN LAST YEAR'S DIRECTORY** and wishes to be included this year.
- Any **RETURNING STUDENT** who would like to make a **CHANGE OR ADDITION** to last year's directory listing.
- Any **FAMILY THAT DOES NOT WANT TO BE LISTED IN THE DIRECTORY** should submit this form with the DO NOT LIST option indicated below.

GENERAL INFORMATION

- Returning students who were in last year's directory will be included as previously listed unless changes are made via this form.
- Do not send money now! APT dues of \$25.00 can be paid online this summer or at Book Buy in August. One directory is included with APT membership and extra copies of the directory can be purchased for \$5 each.
- Students will be asked to proofread their directory information at registration/book buy in August.

PLEASE RETURN FORM BY AUGUST 1, 2011 to Leann Asma at: 235 Hickory Court, Lake Bluff, IL 60044

Print clearly. Only one form per family is necessary. Please consider how you want the names to be listed in the directory.

STUDENT LAST NAME: _____ FAMILY PHONE: _____

FIRST NAME: _____ GRAD YR (circle): '12 '13 '14 '15 STUDENT PHONE (optional): _____ CELL OR HOME
(Include all siblings)

_____ GRAD YR (circle): '12 '13 '14 '15 STUDENT PHONE (optional): _____ CELL OR HOME

_____ GRAD YR (circle): '12 '13 '14 '15 STUDENT PHONE (optional): _____ CELL OR HOME

FAMILY ADDRESS**: STREET: _____ CITY: _____

** Please list only the address where student resides. If the student shares time at two local addresses, please list the second address below.

NAME OF PARENT(S) OR GUARDIAN(S) LIVING AT ABOVE ADDRESS (provide only first names unless last name is different from student's last name):

HIS: _____ HERS: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ADDITIONAL ADDRESS: PARENT NAME: _____ PHONE: _____

STREET: _____ CITY/ZIP: _____

CHECK HERE IF YOU DO **NOT** WANT YOUR FAMILY LISTED IN THE LFHS APT DIRECTORY
(Please still fill out name and address for confirmation purposes only.)



Questions? Please call Leann Asma at (847) 735-9155
FOR SPECIAL CIRCUMSTANCES: PLEASE CONTACT LEANN DIRECTLY OR INCLUDE NOTE