

Telephone Directory

By completing this form, I hereby authorize Simi Valley Adventist School to print my name, address, and telephone number in the school directory. Please omit any information that you wish not be published. This directory is for only school use and enables parents to communicate with each other.

Parent Name (Please print) _____

Street Name and Number _____

City, State and Zip Code _____

Telephone Number _____

Email Address

Please include my email address in the directory

I wish to have my email address only used by the school staff

1. Email Address _____

2. Email Address _____

3. Email Address _____