PIEDMONT EDUCATIONAL FOUNDATION

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PEF OFFICE USE ONLY

Date: _____

By: _____

PIEDMONT STUDENT DIRECTORY LISTING

Return completed form to: PEF Directory PO Box 11192 Piedmont, CA 94611

Name of person completing form: _____ Today's Date: _____

Comments: _____

Student Information

Student's Full Name: _____ ☐ Male ☐ Female

LAST FIRST (MIDDLE)

Home Address: _____

STREET CITY STATE ZIP

Grade: _____ School: (Circle one) BEACH HAVENS WILDWOOD PMS PHS MILLENNIUM

Nickname or name to be used in directory (if different) _____

Parent/Guardian Information

Mother/Guardian

Mother/Guardian's Full Name: Dr. / Mrs. / Ms. (Circle one) _____ LAST FIRST (MIDDLE)

Mother/Guardian's Nickname or name to be used in directory (if different): _____

Home Address (if different): _____

STREET CITY STATE ZIP

Home Telephone: _____ E-mail address: _____ (Optional) Cell Phone: _____ (Optional)

Stepfather's Full Name: Dr. / Mr. (Circle one) _____ LAST FIRST (MIDDLE) SUFFIX

Stepfather's Nickname or name to be used in directory: (If applicable) _____

Father/Guardian

Father/Guardian's Full Name: Dr. / Mr. (Circle one) _____ LAST FIRST (MIDDLE) SUFFIX

Father/Guardian's Nickname or name to be used in directory (if different): _____

Home Address (if different): _____

STREET CITY STATE ZIP

Home Telephone (if different): _____ E-mail address: _____ (Optional) Cell Phone: _____ (Optional)

Stepmother's Full Name: (If applicable) Dr. / Mrs. / Ms. (Circle one) _____ LAST FIRST (MIDDLE)

Stepmother's Nickname or name to be used in directory: (If applicable) _____

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