



stratfordroadpta@hotmail.com

www.stratfordroadpta.com

District website: www.pobschools.org

---

Please complete the permission slip below in order for your child's information to appear on his/her class list and within the school directory. This list is for the purpose of class business, social invitations and PTA e-blasts. At no time should this list be used for any business and/or sales purposes. Please PRINT all information clearly on the form below:

- Send it to school with your child, in an envelope labeled "ATTENTION: STRATFORD ROAD PTA".
- Incoming students should mail forms to:

Stratford Road Elementary School  
Attn: PTA  
33 Bedford Road  
Plainview, NY 11803

PLEASE RETURN PROMPTLY - Class list cannot be distributed until all permission slips have been received. Please submit one form per child.

---

Child's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade Entering 2016/17: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

If you wish to have your child's information exempt from any of the above mentioned categories, please indicate which one on the line below.

---