



ENTURERS

REBO DIRECTORY INFORMATION 2009-2010 PLEASE LIST YOUR CONTACT INFORMATION

STUDENT
NAME _____

PARENT
NAME _____

MAILING
ADDRESS _____

PHONE NUMBER _____

EMAIL(S) _____

I GIVE PERMISSION FOR OUR FAMILY'S CONTACT
INFORMATION TO BE COLLECTED FOR REBO
COMMUNICATIONS.

*

SIGNATURE AND DATE

OTHER INFORMATION (THIS WILL NOT BE SHARED):

STUDENT BIRTHDAY _____

STUDENT ALLERGIES, IF ANY _____

PHOTOGRAPHY PERMISSION

I GIVE PERMISSION FOR PHOTOGRAPHS OR VIDEO OF MY
CHILD TO BE SHARED ON THE ROBIOUS CBGMS WEBSITE OR
IN ROBIOUS VENTURER SCHOOL-BASED PUBLICATIONS AND
NEWSLETTERS.

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SIGNATURE AND DATE

PARENT SKILLS DATABASE

Occupation, skills, and talents

**RETURN THIS COMPLETED FORM TO YOUR
ASE TEACHER**