

**\*\*\*\*\*SHS STUDENT TELEPHONE DIRECTORY \*\*\*\*\***  
**\*\*\*\*\*CHANGE REQUEST FORM\*\*\*\*\***

The SHS PTA is producing the *Scarsdale High School Student Directory* for the 2007-2008 school year. This directory is intended for informal use, to facilitate communication among students, parents, and staff. The listing for each student includes name, address, parents' first names, telephone number and grade. Although only one telephone number will be listed per residence, we do list information for second households (non-custodial parent information), if so requested. (Please share this information with non-custodial parents.)

The listing from last year's directory will be repeated unless a change is or has already been requested.

**\*\*FOR NEW STUDENTS AND INCOMING NINTH GRADERS:** The PTA receives information directly from the official records of the Board of Education. \*\*There is no need to return this form unless you wish to change or add to the information the district has on file.

Members of the SHS PTA are entitled to buy an unlimited number of copies (@\$5.00 per copy). Directories will be sold in the Brewster Road lobby during Parent-Teacher Conference evening(s) in the fall, and will subsequently be available for sale in the main office.

**REMEMBER: TO REQUEST CHANGES, ADDITIONS OR DELETIONS ONLY, SIGN AND RETURN THIS FORM (BY REGULAR MAIL) TO:**

Wendy Weinstein  
41 Butler Road  
Scarsdale, New York 10583

Questions? Call 722-0022 or email: wendy59@optonline.net

**ONLY SIGNED, HARD COPIES OF THE FORM WILL BE ACCEPTED**

-----*TEAR OFF HERE*-----

**STUDENT NAME:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**Please ADD or CHANGE the following information:**

Change name of Student to: \_\_\_\_\_  
Change address to: \_\_\_\_\_  
Change name of Parent or Parents to: \_\_\_\_\_  
Change telephone number to: \_\_\_\_\_ (Only one is listed)

**Please DELETE (DO NOT LIST) the following:** (Any deletion MUST be requested EACH year)

\_\_\_\_ Telephone Number  
\_\_\_\_ Address ..... **OR** \_\_\_\_ Delete entire listing  
\_\_\_\_ Parent name or names (Parent signature required)  
\_\_\_\_ Second Parent information (Parent signature required)

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**IMPORTANT NOTE: INITIAL LISTING FOR 2<sup>ND</sup> PARENT AT DIFFERENT ADDRESS MUST BE REQUESTED ON THIS FORM**

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**Add or change information on second parent at different address:**

2nd Parent Name: ..... \_\_\_\_\_  
2nd Parent Address: ..... \_\_\_\_\_  
2nd Parent Phone: ..... \_\_\_\_\_

**Signature required:** \_\_\_\_\_ **Date:** \_\_\_\_\_