

**Our Lady of Peace  
Home/School Directory Authorization Form  
2015-2016 School Year**

The HSA Directory is a phone book distributed to OLP families. By filling out this form and signing below you authorize the printing of your information in the Directory.

\_\_\_\_\_ Our entry in last year's Directory was CORRECT. Please update my child's grade for the 2015-2016 only. (Please be sure to sign below, no further information needed.)

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\_\_\_\_\_ We choose not to be included in the HSA Directory for the 2015-16 school year. (Please sign below.)

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\_\_\_\_\_ We are a new family or a current family with updates and corrections. (Please print clearly.)

FAMILY LAST NAME: \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_

Mother's First and Last Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE IL ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_ **(PLEASE PRINT CLEARLY TO AVOID MISTAKES)**  
**THANK YOU!**

E-MAIL ADDRESS: \_\_\_\_\_ **(PLEASE PRINT CLEARLY TO AVOID MISTAKES)**  
**THANK YOU!**

LIST CHILDREN'S NAME AND GRADE:

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature