

**PARK RIDGE SCHOOL DISTRICT**  
**WEST RIDGE ELEMENTARY SCHOOL**

To: All Parents/Guardians

Chris Kirkby, Principal

Email and Non-Email

Date: September 2018

At this time, I would like to request your email address, which will only be used for the purpose of communications from the West Ridge office and myself. Please complete the following information below and return it to the West Ridge main office no later than Wednesday, September 12, 2018. Please fill out the fields below with this information. If there is a second parent contact name and e-mail address, please be sure to fill out the secondary fields provided below.

If you do not have an email address, please mark with an "X" in the field provided and write your name and your child's name in the space below as well.

Thank you for your cooperation.

Student Name:

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Teacher Name:

Grade:

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Primary E-Mail Address:

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Parent/Guardian Name:

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Secondary E-Mail Address:

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Parent/Guardian Name:

We do NOT have an E-Mail address:

PLEASE PRINT CLEARLY!

RETURN THIS FORM TO THE WEST RIDGE OFFICE NO LATER THAN Wednesday, September 12<sup>th</sup>.  
THANK YOU