

Fulton Junior High School Student Directory



\$5.00

Student Name: _____

Parent/Guardian Names: _____

Home Address: _____

Phone: _____

Email address (optional) _____

Grade: _____ (6 7 8)

I give permission for the above information to be included in Fulton’s Student Directory

Parent/Guardian Signature (required for information to appear in directory)

Please enclose the completed form and \$5.00 cash or check (*checks made payable to Fulton Junior High*) in an envelope marked “Student Directory”. Bring the envelope with your payment and place it in the drawer labeled “Student Directory” located just inside the school office.

OFFICE USE ONLY.

Paid by Check Check # _____

Paid by Cash