

**SCHAUMBURG HIGH SCHOOL VIP CLUB
PARENT NETWORK DIRECTORY**

Dear Schaumburg High School Parents:

In an effort to be of assistance to our students and parents, the VIP Club will once again produce a Parent Network Directory for the 2008-2009 school year. The goal of this directory is to provide parents with a resource to help keep students safe and drug/alcohol free. It will allow parents to contact each other when there are parties, get-togethers, activities following school dances, etc. **Forms must be received by October 1, 2008 to be included in the directory.**

This directory is published solely for the use of parents of Schaumburg High School students. It will be distributed only to those who have chosen to participate in the directory. No individual, employee of SHS or representative of the SHS VIP Club is permitted to give a copy to any person or organization soliciting for any commercial, charitable, or political purpose.

Thank you for permitting the Schaumburg VIP Club to print your child's name and address information in the 2008-2009 Saxon Parent Network Directory.

Sample Listing:

<u>Student Last Name</u>	<u>Student First Name</u>	<u>Class</u>	<u>Parent Last Name</u>	<u>Parent First Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
Johnson	Mike	2011	Johnson	Phil/Debbie	101 Oak St.	Sch	847-123-4567
Smith	Michelle	2010	Smith	Bob/Mary	202 Plum Ln.	Sch	847-321-7654
Adams	Tony	2009	Munster	Cyndi	404 Pine Blvd.	Sch	847-456-9876

You have indicated by your application that you agree to the Saxon Parent Network Pledge:

"I pledge to other parents of students at Schaumburg High School that I will do my utmost to assure that alcohol and other drugs will not be available at any social gathering of youths in my home. Furthermore, I want other parents, whenever their child is coming to my home for a social gathering, to call me to confirm that I will be home to follow through on this pledge. I do not want any alcoholic beverages or other drugs served to my underage children. I want to be informed if my children are seen intoxicated or under the influence of other drugs."

-----Fill Out and Return Participation Form-----

WE WANT TO PARTICIPATE IN THE PARENT NETWORK DIRECTORY

Mother's Name: _____

Father's Name: _____

Student(s) live with: _____ Mother _____ Father _____ Both Parents

Address: _____

City: _____ Zip: _____ Home Phone: _____

Student Name(s) (first and last) Year of Graduation

_____	_____
_____	_____
_____	_____