

Student: Last _____ First _____ Grade _____

Parents/Guardians: _____

Current Address: Street _____ Apt _____

City _____ State _____ Zip _____

Mother/Guardian

Father/Guardian

Home Phone (____) _____ - _____ (____) _____ - _____

Cell Phone (____) _____ - _____ (____) _____ - _____

Emergency Contact Information

In the event a Parent/Guardian **CANNOT** be reached, complete the information below for individuals that have permission to be contacted and/or pick-up your child.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Permission for Pick Up

In the event that I cannot pick up my child, I will notify the school, prior to dismissal, the individual that will be picking-up my child(ren). **Photo ID will be required.**

