



EMERGENCY CARE INFORMATION

In the case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian or a designated emergency contact.
2016-2017

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
			Bus # (AM)	Bus # (PM)	
<input type="checkbox"/> Student has medical alert information on file.					

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the resident parent/guardian. The resident parent/guardian is the natural or adoptive parent or legal guardian with whom the student lives the majority of the school week.

Enrolling Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Resides With <input type="checkbox"/> Yes	Email:	

Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			

Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			

Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone

