

Pupil Support Services

Please give the information requested.
It will enable us to protect the safety of your child in case of an emergency.

School Year	

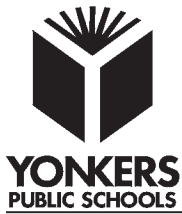
School	

Grade	Room

Student's Name		Last	First	Birthdate	
_____		_____	_____	_____	
Address		Street	City/State	Zip Code	Apt. No.
_____		_____	_____	_____	_____
Home Telephone No.			E-Mail Address		
_____			_____		
Mother's Name			Father's Name		
_____			_____		
Place of Employment			Place of Employment		
_____			_____		
Work Telephone No.			Work Telephone No.		
_____			_____		
Cell Telephone No.			Cell Telephone No.		
_____			_____		

Emergency Contacts: List two names and telephone numbers of relatives or neighbors who you authorize to care for your child in an emergency, if you cannot be reached.

Name of relative/neighbor		Telephone No.	Cell Telephone No.
_____		_____	_____
Name of relative/neighbor		Telephone No.	Cell Telephone No.
_____		_____	_____
Name of Doctor		Telephone No.	_____
_____		_____	Signature of Parent/Guardian



Pupil Support Services

Please give the information requested.
It will enable us to protect the safety of your child in case of an emergency.

School Year	

School	

Grade	Room

Student's Name		Last	First	Birthdate	
_____		_____	_____	_____	
Address		Street	City/State	Zip Code	Apt. No.
_____		_____	_____	_____	_____
Home Telephone No.			E-Mail Address		
_____			_____		
Mother's Name			Father's Name		
_____			_____		
Place of Employment			Place of Employment		
_____			_____		
Work Telephone No.			Work Telephone No.		
_____			_____		
Cell Telephone No.			Cell Telephone No.		
_____			_____		

Emergency Contacts: List two names and telephone numbers of relatives or neighbors who you authorize to care for your child in an emergency, if you cannot be reached.

Name of relative/neighbor		Telephone No.	Cell Telephone No.
_____		_____	_____
Name of relative/neighbor		Telephone No.	Cell Telephone No.
_____		_____	_____
Name of Doctor		Telephone No.	_____
_____		_____	Signature of Parent/Guardian