

Student's Name \_\_\_\_\_  
(Last, First)

Grade Fall 2020 \_\_\_\_\_

**Emergency Contact Information**  
**2020-21 School Year**  
*All information remains confidential*

**Student's Name** \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Current Address of Student \_\_\_\_\_

Current Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Current Email for Emergency Response Phone System \_\_\_\_\_

Student Currently Lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Grade \_\_\_\_\_

**In the case of an emergency and YOU CAN NOT BE REACHED**, please list the names and phone numbers of those individuals to be called.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Adult home in case of early emergency dismissal via bus drop off:** \_\_\_\_\_

Phone number of that adult: \_\_\_\_\_

**In the event that I am unable to pick up my child**, the following adults have permission to pick up my child (**PHOTO ID REQUIRED**):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*\* Is there a custody agreement?** Yes \_\_\_ No \_\_\_ If Yes, please complete a Custody Form and submit it to the Office with a copy of the Custody Agreement.

**\*\*\* Are there any medical concerns our staff should be aware of?** Yes \_\_\_ No \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only \_\_\_\_\_ PS \_\_\_\_\_ Office Manager \_\_\_\_\_ Nurse \_\_\_\_\_ Student Records