

EMERGENCY CONTACT INFORMATION

Student _____ Birth Date _____ Male Female
Last First Middle

Student Home Address _____
Number Street Apt. Number City Zip

Is this a new address? Yes No What is your current living status for your child/family? (please check a box below)

- | | |
|---|---|
| <input type="checkbox"/> With just our family in a single family residence:
house, apartment, condominium or a fixed mobile home | <input type="checkbox"/> Temporarily living with friends or relatives (11) |
| <input type="checkbox"/> In a shelter, transitional program, or group home (10) | <input type="checkbox"/> In a car, campsite, trailer, or vacant building (12) |
| <input type="checkbox"/> With more than one family in a house or apartment (11) | <input type="checkbox"/> In a motel or hotel (14) |

Is this a change from last year? Yes No This information will be used to determine whether your child qualifies for any additional assistance under the Federal No Child Left Behind Act.

Home Telephone _____ Language Spoken in the Home _____

Check Box (all that apply) if child is living with: Father Mother Stepfather Stepmother Other _____

If parents are divorced or separated, to whom has legal custody been granted? (Legal Document Needed) _____

BY COURT ORDER, THIS STUDENT CANNOT BE RELEASED TO: _____
 (court order must be on file at school office)

My child has permission to leave school grounds only for the purpose of eating lunch at home. I fully understand that granting such permission, I assume all responsibility for my child during the lunch hour. Check box (✓) Yes No

**PLEASE LIST YOUR EMERGENCY CONTACTS IN THE BOXES BELOW
 YOUR CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED**

- Be sure the contact person is from this local area and is someone other than parent/guardian (must be over 18 yrs old and have photo ID) (for example; grandmother, grandfather, babysitter, aunt, uncle, day care provider, neighbor, sibling over 18 years, etc.)
- If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name _____ Relationship <u>Mother</u> Home phone _____ Workplace _____ Work Phone _____ Cell/Pager _____ e-mail address _____	Name _____ Relationship <u>Father</u> Home phone _____ Workplace _____ Work Phone _____ Cell/Pager _____ e-mail address _____	Name _____ Relationship _____ Home phone _____ Workplace _____ Work Phone _____ Cell/Pager _____
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Name _____ Relationship _____ Home phone _____ Workplace _____ Work Phone _____ Cell/Pager _____	Name _____ Relationship _____ Home phone _____ Workplace _____ Work Phone _____ Cell/Pager _____	<p style="text-align: center;">For School Use Only</p> ID No. _____ Attendance Area _____ Teacher _____ Room _____ Grade _____ Date Entered _____ Overflow Student <input type="checkbox"/> Custody Papers on file <input type="checkbox"/> Restraining Order on file <input type="checkbox"/> Inter/Intra on File <input type="checkbox"/> From _____ School _____
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Does this student attend on site Adventure Club? Yes No Over