

PARENT CONTACT INFORMATION CONTINUED, IF APPLICABLE

Mother Father Guardian Other _____
Student Lives with Contact yes no

Last Name First Name

Address City, State, Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

XX

Mother Father Guardian Other _____
Student Lives with Contact yes no

Last Name First Name

Address City, State, Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

EMERGENCY CONTACT INFORMATION

Relationship to student: _____

Last Name First Name

Primary Home Phone Primary Cell Phone Primary Work Phone

XX

Relationship to student: _____

Last Name First Name

Primary Home Phone Primary Cell Phone Primary Work Phone

The above contacts have parent/guardian permission to pick up student in the event the parent/guardian is not available.

Court Orders or Restraining Orders in effect that the school should be aware of: YES NO
Order Against: _____ Relationship to Student: _____

Parent/Guardian Signature

Date of Signature