



**Please check one of the following that applies to you:**  Legal Parent  Guardian

\_\_\_\_\_  
*Last Name*                                      *First Name*                                      *Middle Name*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Mailing Address*                                      *City*                                      *State*                                      *Zip Code*

\_\_\_\_\_  
*Main Telephone*                                      *Cell Phone*                                      *Other Phone (if available)*

\_\_\_\_\_  
*Employer*                                      *Work Telephone*                                      *Ext.*

Would this person like to receive information by email instead of sending items home with your student?

Yes  No

\_\_\_\_\_  
*Email address*

Does the student reside with this individual?  Yes  No

**Secondary Contact Information**

**Please check one of the following that applies to you:**  Legal Parent  Guardian

\_\_\_\_\_  
*Last Name*                                      *First Name*                                      *Middle Name*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Mailing Address*                                      *City*                                      *State*                                      *Zip Code*

\_\_\_\_\_  
*Main Telephone*                                      *Cell Phone*                                      *Other Phone (if available)*

\_\_\_\_\_  
*Employer*                                      *Work Telephone*                                      *Ext.*

Would this person like to receive information by email instead of sending items home with your student?

Yes  No

\_\_\_\_\_  
*Email address*

Does the student reside with this individual?  Yes  No

Does this individual require a separate mailing of school related information?  Yes  No

**Are there any legal restrictions on who may pick up your child?**  Yes  No

If yes, please explain (**LEGAL DOCUMENTS REQUIRED FOR COURT-ORDERED RESTRICTIONS**)

**Please list the name and age of anyone living at the address listed above who is eighteen years old or younger.**

Name                                      Age

_____	_____
_____	_____
_____	_____

# EMERGENCY CONTACT INFORMATION

Student's Name

\_\_\_\_\_  
*Legal Last Name*

\_\_\_\_\_  
*Legal First Name*

\_\_\_\_\_  
*Legal Middle Name*

Please list the individuals that should be contacted in case of an emergency at school and parents/guardians **cannot** be reached. **Do not include parents/guardians here.**

## Emergency Contact 1

\_\_\_\_\_  
*Emergency Contact Name*  
**(Other than parents/guardians)**

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Telephone*

## Emergency Contact 2

\_\_\_\_\_  
*Emergency Contact Name*  
**(Other than parents/guardians)**

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Telephone*

## Emergency Contact 3

\_\_\_\_\_  
*Emergency Contact Name*  
**(Other than parents/guardians)**

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Telephone*

## Emergency Contact 4

\_\_\_\_\_  
*Emergency Contact Name*  
**(Other than parents/guardians)**

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Telephone*