

LAST NAME	FIRST NAME	MIDDLE NAME	<b>LIST RELATIVES OR FRIENDS (IN ORDER) TO BE NOTIFIED IN CASE OF AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE CONTACTED.</b>	
SOCIAL SECURITY NO.	TEACHER	GRADE	WE WILL RELEASE YOUR CHILD ONLY TO A PERSON LISTED BELOW	
DATE OF BIRTH	RACE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
FATHER	STREET ADDRESS		PO. BOX	RELATIONSHIP
CITY	STATE	ZIP CODE	HOME PHONE / CELL PHONE	TELEPHONE NO.
BUSINESS	BUSINESS PHONE			
MOTHER	STREET ADDRESS		PO. BOX	
CITY	STATE	ZIP CODE	HOME PHONE / CELL PHONE	
BUSINESS	BUSINESS PHONE			
NAME OF PERSON STUDENT LIVES WITH, IF OTHER THAN BOTH PARENTS				
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Steplather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian				
NAME				
RELATIONSHIP				
STREET ADDRESS	PO. BOX	HOME PHONE/CELL PHONE	BUSINESS PHONE	
CITY	STATE	ZIP CODE		
<b>LIST CUSTODY INFORMATION</b>				
PLEASE CHECK ONE: <input type="checkbox"/> YES, MY CHILD RECEIVES MEDICAID SERVICES. MEDICAL NO. _____ <input type="checkbox"/> NO, MY CHILD DOES NOT RECEIVE MEDICAID SERVICES.				
<b>LIST OTHER CHILDREN AT HOME AND THEIR AGE:</b>				
			AGE	
			AGE	
			AGE	
			AGE	
DOCTOR'S NAME _____				
DOCTOR'S OFFICE PHONE _____				
ALTHOUGH THE ABOVE RECOMMENDATION OF THE PARENT / GUARDIAN WILL BE RESPECTED AS FAR AS POSSIBLE, I UNDERSTAND THAT IN THE FINAL DISPOSITION OF ANY EMERGENCY CASE THE JUDGEMENT OF THE SCHOOL AUTHORITIES WILL PREVAIL. ANYTIME THE ABOVE INFORMATION MUST BE CHANGED, I WILL NOTIFY THE PRINCIPAL IN PERSON.				
SIGNATURE OF PARENT / GUARDIAN _____				DATE _____
WILL YOUR CHILD RIDE A BUS? <input type="checkbox"/> Yes <input type="checkbox"/> No Bus No. _____				
DIRECTIONS TO YOUR HOME: _____ _____ _____				