

Teacher & Grade: \_\_\_\_\_

School year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph #: \_\_\_\_\_ Student's Cell #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Additional Info (likes or hobbies): \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job place/Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job place/Occupation: \_\_\_\_\_

Student resides with: \_\_\_\_\_

**Emergency Contacts (When parents cannot be reached)**

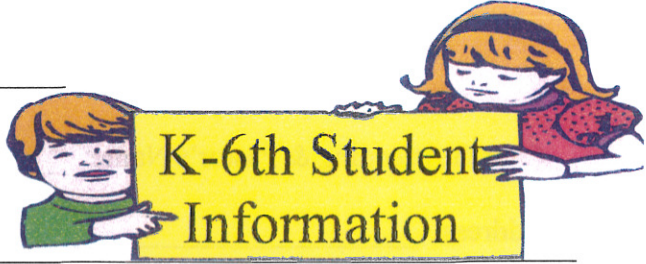
Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Cell #: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Cell #: \_\_\_\_\_

Will be picked up at (please circle one):      Car Riders      Extended Care



**OVER**



Church Attending & Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's important medical information: \_\_\_\_\_

Allergies: \_\_\_\_\_

Extra Remarks: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.*

The following is a list of the people who may pick up my child from school. I realize that **NO ONE ELSE** may pick them up unless authorized by me and if the staff person responsible for my child does not recognize them, they may be asked to produce a photo ID.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

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\_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN CLASS FIELD TRIPS

\_\_\_\_\_ DOES NOT HAVE MY PERMISSION TO PARTICIPATE IN CLASS FIELD TRIPS

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_