

STUDENT INFORMATION

Child's Name: _____ Birthday: _____ Age: _____

Name student prefers at school: _____ Gender: Male Female

Home Address: _____ Home Phone: _____

City: _____ Zip: _____
.....

Mother's Name: _____ Employer: _____

Home Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____
.....

Father's Name: _____ Employer: _____

Home Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____
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Child Release Authorization

Please provide the name and phone number of any people who are authorized to pick your child up from school. Please indicate with a check in the box if these people have the authority to pick your child up in an emergency situation when we are unable to contact the parent/guardian.

	Name	Home Phone	Cell Phone
<input type="checkbox"/> 1.	_____	() _____	() _____
<input type="checkbox"/> 2.	_____	() _____	() _____
<input type="checkbox"/> 3.	_____	() _____	() _____
<input type="checkbox"/> 4.	_____	() _____	() _____
<input type="checkbox"/> 5.	_____	() _____	() _____

Is there anyone to whom your child should **NOT** be released? _____

Parent/Guardian Signature _____ Date _____