

Name of Pupil: _____ Grade: _____ Teacher: _____

Address: _____ City _____ Zip Code _____

<u>Parents' Phone #s</u>	<u>Home</u>	<u>Work</u>	<u>Cell Phone</u>	<u>Pager</u>
<u>Mother</u>				
<u>Father</u>				

Please give us the names of three people (at least one neighbor) who could take care of your child should he/she be sent home in an emergency and no one is home:

Name: _____ Relationship: _____

Address: _____ Phone #: () _____

Name: _____ Relationship: _____

Address: _____ Phone #: () _____

Name: _____ Relationship: _____

Address: _____ Phone #: () _____

Please check here if these numbers are to be kept confidential

Check one:

Student walks to/from school Student rides District bus to/from school Bus No. _____

Family Doctor in Emergency: _____ Telephone #: _____

Family Dentist in Emergency: _____ Telephone #: _____

Medical Concerns: _____

<u>Daily Work Schedule</u>	<u>Mother's Work Hours</u>	<u>Mother's Work Phone</u>	<u>Father's Work Hours</u>	<u>Father's Work Phone</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Brothers/Sisters in District

Grade/School

Teacher

Language(s) Spoken at Home: _____

Parent's Signature: _____