

Emergency Contact / Dismissal Instructions

Student Name _____ (_____) _____
FIRST MIDDLE LAST NICKNAME (if applicable) Grade 2011/2012

Name of Primary Parent/Guardian & Relationship to Child

Name of Other Parent/Guardian & Relationship to Child

Above Parent/Guardian's Home Phone Number

Above Parent/Guardian's Home Phone Number

Above Parent/Guardian's Work Phone Number

Above Parent/Guardian's Work Phone Number

Above Parent/Guardian's Cell Phone Number

Above Parent/Guardian's Cell Phone Number

Above Parent/Guardian's Email Address

Above Parent/Guardian's Email Address

Student's Primary Residence:

Other Parent/Guardian Residence:

Address

Address

City / State / Zip Code

City / State / Zip Code

Home Phone

Home Phone

Other Emergency Contacts:

Name & Relationship to Child

Name & Relationship to Child

Above Person's Phone Number(s)

Above Person's Phone Number(s)

DISMISSAL INSTRUCTIONS

Please indicate your preference for your student's dismissal:

____ May be dismissed on his/her own without an adult

____ May not be dismissed without an adult

Please list the people in addition to the parents/guardians listed above who have permission to pick your student up from school. If a person not listed on this form will be picking up your student from school, you must notify the school office in advance, in writing.

Name & Relationship to Child

Name & Relationship to Child

Name & Relationship to Child

Name & Relationship to Child

Signature of Parent/Guardian - REQUIRED

Date