

Student ID	Student's Name	Grade & Room #
Address		Zip Code
Any court orders or outside agency involvement: Circle Yes or No Please attach all documentation		
Home Phone #		Date of Birth
Name of Child's doctor/clinic		Phone #
Name of Child's dentist/clinic		Phone #
Please indicate below which guardian you want called first if we need to contact you		
Mother/Guardian Contact (full name) - <u>REQUIRED</u>		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		
Father/Guardian Contact (full name) - <u>REQUIRED</u>		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		
First Emergency contact (full name)		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		
Second Emergency contact (full name)		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		
Third Emergency contact (full name)		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		
Fourth Emergency contact (full name)		Relationship to child
Cell Phone #	Daytime Phone#	
Email Address:		

Dismissal Parental Consent Form

Dismissal Person/Program	Monday	Tuesday	Wednesday	Thursday	Friday
Parents/Guardians will be meeting student in the schoolyard					
My child will be attending an after-care program					
Print Student's Name:			Grade & Room #		
After-Care Program Name:					
After-Care Program Phone:					
After-Care Program Contact Name:					
Please list all allergies/food allergies					
Pease list all medications:					
Please list all medical issues:					
Other:					