

DR. ETHEL ALLEN PROMISE ACADEMY
2017-2018 INSTANT CONTACT FORM
PLEASE PRINT ALL INFORMATION

SECTION A: Primary Contacts (Please complete ALL information in section A)

Student's Last Name: _____ Student's First Name _____

Room # _____ Family Name if different from Student's _____

Address: _____
Street City Zip Code

Home Phone #: _____

Mother: _____ Father: _____

e-mail: _____ e-mail: _____

Work #: Mom _____ Work #: Dad _____

Cell #: Mom _____ Cell #: Dad _____

When entering the building everyone must show proper identification, sign in at the front desk and come to the Main Office. If you have business in the building you will be given a Visitor's Pass. Anyone without a Visitor's Pass will be trespassing and is subject to arrest. Adult's picking up children for Early Dismissal must present their identification in the Main Office before a child will be released.

EARLY DISMISSAL ENDS AT 2:30PM. NO EXEPTIONS!!!

Children with Early Dismissal will only be released to the people who are listed below with their Proper Identification. If this slip is not returned to school only the child's parent will have permission to pick up their child with identification.

SECTION B: Emergency Contacts/Early Dismissal:

Phone #	Names	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Name: _____ Phone: _____

Parent/Guardian Signature _____ Date: _____