

PARENT ADDRESS/PHONE NUMBERS & OTHER INFO
THIS FORM MUST BE RETURNED TO SCHOOL ASAP.

We have read and fully understand the guidelines on informing the WW School if our child will be absent from school by 8:30 AM

STUDENT'S NAME _____

PARENT'S NAME(S) _____

STUDENT'S BIRTHDATE _____ GRADE _____

Home phone number _____

Mom's cell number _____

Dad's cell number _____

E-mail address _____

Home **mailing** address _____

Mother's work phone and employer _____

Father's work phone and employer _____

Parent/Guardian Signature _____ Date _____

AT 8:30 AM I WILL BE AT WORK _____ HOME _____

PLEASE NOTE: YOU WILL BE CALLED AT WORK IF WE DO NOT HEAR FROM YOU IN REGARD TO YOUR CHILD'S ABSENCE!

Does your child receive special services (IEP) Yes _____ No _____

If yes, please state _____

Childcare provider during school hours: Name _____
Phone _____

Does your child have any disabilities, take any medications or have any allergies?

Yes _____ No _____ If yes, please state: _____

PERMISSION TO SEEK MEDICAL ATTENTION: If I could not be reached, in case of an accident, I hereby give my permission to the WWPS to take my child, _____, for medical attention, to any available doctor, in case of an accident or illness, requiring immediate medical attention. I understand that I am responsible for any medical costs incurred.

Date _____ Signature _____

Where is your child to go if we have an early dismissal? _____

Relative or friend whom we may contact in an emergency if parent cannot be reached.

List two:

Name, Address, Phone _____

Name, Address, Phone _____