

PARENT ADRESSSS/PHONE NUMBERS & OTHER INFO

If your address or phone numbers have not changed leave blank.

Students Name _____

Parents/Guardians Name (s) _____

Students Birthdate _____ Grade _____

Home phone number _____

Mom's cell number & email address _____

Dad's cell number & email address _____

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!

Is English the primary language spoken in your home? ____ Yes ____ No

If no, please state primary language _____

Does your child receive special services (IEP)? ____ Yes ____ No

If yes, please state _____

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

____ Yes ____ No if yes, please state: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

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 _____

Return this form to the office by