

LIFE SCHOOL STUDENT EMERGENCY INFORMATION

School Year 2016-2017

OFFICE USE ONLY

Date

TEAMS

Initials

OFFICE USE ONLY

Class/Homeroom Teacher:

Enrollment Date:

The following information must be completed and signed by a parent/guardian. Please complete the form in its entirety and return to the school office no later than student's first day of school.

PLEASE ANSWER ALL QUESTIONS BELOW AND SIGN AT BOTTOM.

Student Information

Last Name:		First:		Middle:		
Grade:	Gender:	Date of Birth:		With whom does the child reside?		
Transportation:	Parent	Day Care	Other	After School Care:	Powerhouse	None

Street Address:		
City:	State:	Zip:
Mailing Address:(if different)		
City:	State:	Zip:
Mother/Guardian Name:		Mother's email:
Mother's Cell Phone:		Mother's Work Phone:
Mother's Address:(if different)		
City:	State:	Zip:
Father/Guardian Name:		Father's email:
Father's Cell Phone:		Father's Work Phone:
Father's Address:(if different)		
City:	State:	Zip:

PERSON(S) TO CONTACT IN CASE OF EMERGENCY: (IF PARENTS CANNOT BE REACHED)

First Name: Last Name: Relationship:
Cell Phone: Home Phone: Work Phone:
Can pick up student: Yes No

First Name: Last Name: Relationship:
Cell Phone: Home Phone: Work Phone:
Can pick up student: Yes No

BY MY SIGNATURE, I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT

Parent/Guardian Signature

Date

If you would like to check or re-identify your student(s) race or ethnicity information, please contact the Registrar.