

Student Emergency Contact Sheet

ID: _____ *Student Name:* _____

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please review this form and make the appropriate changes.

Home Address (Primary Residence) _____ City, State Zip _____ Home Phone: _____ Birthdate: _____ Gender: _____ Grade: _____

Mailing Address _____ City, State Zip _____

Address Change? If Yes, please contact the school office.

If there are any COURT-MANDATED custody/visitation orders limiting access to this child, please contact your students' Principal.

Mother/Guardian - _____ Living with: _____ Email Address: _____ Employer: _____

Home Address _____ City State Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Emergency Phone _____

Father/Guardian - _____ Living with: _____ Email Address: _____ Employer: _____

Home Address _____ City State Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Emergency Phone _____

Emergency Release Contacts: Please list the names of 2 relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached in the event of illness, injury, evacuation or emergency that may occur while students are in school. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.

Name	Contact Type	Relationship	Home Phone	Work Phone	Cell Phone	Emergency Phone

If necessary, add a new emergency contact below, and cross out the one you would like to remove from the above list:

Name	Relationship	Home Phone	Work Phone	Cell Phone

I declare that the information on this form is true and correct, and I will notify the school office immediately of any changes.

Parent/Guardian Signature _____ Date _____ Relationship _____

Please complete the information on the back of this form as well. Thank you!

The Federal Family Educational Rights and Privacy Act - This allows (but does not require) District 303 to release certain "directory" information about students to the general public, including the media, if such information is requested - unless the student's parent/guardian objects in writing to the release of such information. Check the boxes below if District 303 may NOT release the information listed below for your child:

Student Name Student Address Student Phone

Parent/Guardian Signature: _____ Date: _____

Photographs/Video - During the school year, photographs or videos may be occasionally taken of students for various activities, including, but not limited to: yearbooks, school publications, newspapers, school projects, print and broadcast media, as well as the District 303 website.

My child's picture may be taken and published as outlined above.

Yes No

Parent/Guardian Signature: _____ Date: _____

District's Authorization for Electronic Network Access - I have read the District's Authorization for Electronic Network Access, and understand each student and his or her parent(s)/guardian(s) must sign the Authorization before the student will be granted unsupervised use of the District's electronic network. The full Authorization for Electronic Network Access is available on the district website at www.d303.org

Student Signature: _____ Parent Signature: _____ Date: _____

Field Trips - From time to time we will be taking educational field trips in the surrounding area. Please sign here and indicate your permission for the entire year. **You will be notified before each trip.**

Yes No

Parent/Guardian Signature: _____ Date: _____

Student Dismissal - What has your child been instructed to do after school each day? **School personnel will always direct students to follow their usual dismissal routine after school.**

Student walks home Student attends an after school program at the school
 Parent/Carpool provides transportation Daycare provides transportation
 Student rides bus

(Transportation will contact you directly if you are eligible for bus service)

Daycare/Childcare Provider: _____ Phone: _____

Student lives with:

Mother & Father Mother & Step-Father Father & Step-Mother
 Mother Only Father Only Guardian

Please identify the Parent/Guardian to contact first during the school day.

Name: _____ Phone: _____