

Mother's Name (This is the primary care taker of the student and resides with the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc) Relationship to Child: _____

First Name : _____ **Middle Initial** ____ **Last Name:** _____

Work Phone (_____) _____ - _____ **Phone Ext.** _____

Occupation: _____ **Employer:** _____

Home Phone(_____) _____ - _____

Cell Phone (_____) _____ - _____ (over)

Father's Name (The person listed here should reside at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc) Relationship to Child: _____

First Name : _____ **Middle Initial** ____ **Last Name:** _____

Work Phone (_____) _____ - _____ **Phone Ext.** _____

Occupation: _____ **Employer:** _____

Home Phone(_____) _____ - _____

Cell Phone (_____) _____ - _____

Emergency Contacts

Relationship to the student _____

Title : _____ (Mr., Mrs., Dr.,)

First Name : _____ **Middle Initial** _____

Last Name: _____

Work Phone (_____) _____ - _____ **Phone Ext.** _____

Occupation: _____

Employer: _____

Home Phone(_____) _____ - _____

Cell Phone (_____) _____ - _____

Is this person allowed to pick-up the student after school? Yes No