



**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