

## Highline Public Schools | 2018-2019 Emergency Contact Information

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  Male  Female  Other \_\_\_\_\_

Student Cell Phone (if applicable) \_\_\_\_\_

I authorize Highline Public Schools (HPS) to send text messages to my student's cell phone number to convey school information. I understand that standard text messaging rates will apply to any messages received from HPS. I also understand that I or HPS may revoke this permission in writing at any time. I agree not to hold HPS liable for any electronic messaging charges or fees generated by this service.

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

(Street, City, Zip)  Student lives at this address  Student mailing address

Language Spoken at Home \_\_\_\_\_ Needs Interpreter?  Yes  No

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Home  Cell  Office  Other  Home  Cell  Office  Other

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

(Street, City, Zip)  Same as above  Student lives at this address  Student mailing address

Language Spoken at Home \_\_\_\_\_ Needs Interpreter?  Yes  No

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Home  Cell  Office  Other  Home  Cell  Office  Other

Who can make school/child decisions? (Check all that apply)  Guardian 1  Guardian 2  Other \_\_\_\_\_

Are there custody restrictions/restraining orders:  No  Yes - If yes, legal documentation must be provided to the school.

**Emergency Contacts:** If I cannot be reached in an emergency, you may contact:

Name _____	Relationship _____	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Other
Name _____	Relationship _____	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Other
Name _____	Relationship _____	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Other
Name _____	Relationship _____	Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Other

In addition to the people listed above, the following people may also pick up my student from school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Siblings**

Name _____	School _____	Grade _____	Phone _____
Name _____	School _____	Grade _____	Phone _____
Name _____	School _____	Grade _____	Phone _____

**Day Care Provider** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street, City, Zip)

**Medical information and other instructions to the school:**

\_\_\_\_\_  
\_\_\_\_\_

*Although the recommendations of parents will be respected as far as possible, I understand that in the final disposition of an emergency, the judgment of the school authorities will prevail. If information changes, I will notify the school in writing.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_