

LAST NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PERSONAL AND SECURITY INFORMATION**

**VOYAGER**

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M \_\_\_ F \_\_\_

TEACHER \_\_\_\_\_ Room # \_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**FIRST PERSON TO CONTACT (in case of illness or injury)**

NAME \_\_\_\_\_ Ph \_\_\_\_\_

**Parent/Guardian Information**

MOTHER/Guard. \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell \_\_\_\_\_

WorkPlace \_\_\_\_\_ Ph \_\_\_\_\_ Ext. \_\_\_\_\_

FATHER/Guard. \_\_\_\_\_ Hm Ph \_\_\_\_\_ Cell \_\_\_\_\_

Work Place \_\_\_\_\_ Ph \_\_\_\_\_ Ext \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY INFORMATION**

**# 1 EMERG. CONTACT (Other than Parents)** \_\_\_\_\_

Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell \_\_\_\_\_

**HEALTH ALERTS, CONCERNS, ALLERGIES, MEDICATIONS, etc.**

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONS APPROVED FOR PICK-UP: (Other than Parents - Picture ID Required)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

