



Parent/Guardian Contact Information

Name of Student _____ DOB _____

Occasionally it becomes necessary to send students home for medical or disciplinary reasons during the day. We prefer to notify parents in advance, and in order to do so, we would like you to list those we are authorized to notify should we be unable to reach you.

Please list in preferred calling order, the name and phone numbers of people you would want to be called when your child needs to be sent home.

1) Name Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

2) Name Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

3) Name Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

4) Name Parent/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

If we are unable to reach any of the above people, please indicate how you would like your child to be sent home.

Public Bus

Walk

Uber/cab/other _____

Parent/Guardian Signature

Date