

The International School at Dundee
Student Contact Information/Early Release Information
2020 - 2021

Student Name: _____ **Grade/Teacher:** _____

Home Address: _____ Home Phone #: _____

City, State, Zip _____

Where parent(s)/guardian(s) can be reached (Please Print):

Mother/Guardian: _____ **Father/Guardian:** _____

Home Address: _____ Home Address: _____

Home Phone #: _____ Home Phone #: _____

Bus. Phone #: _____ Bus. Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Email Address: _____ Email Address: _____

List two emergency contacts who would have permission to pick up your child and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as parents or legal guardians, but may include grandparents, aunts, uncles, childcare providers, friends, and neighbors that live in the **local area**.

Emergency Contact #1: Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Pick up Privileges (check box to indicate contact has pick up privileges)

Emergency Contact #1: Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Pick up Privileges (check box to indicate contact has pick up privileges)

By signing this form, you give permission for any of the designated emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you need to inform the school as soon as possible. You are also providing consent for the school to share the information on this form with authorized individuals.

Parent or Legal Guardian's Signature: _____ **Date:** _____

Print Last Name: _____ **Print First Name:** _____

***The information contained in this form is private and should be secured and accessed only by authorized individuals. This is needed to ensure compliance with HIPPA, FERPA, and individual rights to privacy.