

**Old Greenwich School  
Student Contact /Early Release Information  
2021- 2022**

**\*\*\*PLEASE FILL IN INFORMATION FOR ALL CHILDREN ATTENDING OGS. ONE FORM PER FAMILY RETURN TO  
SCHOOL OFFICE *NO LATER THAN* September 1, 2021\*\*\***

**Student Name(s):**

\_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_  
\_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**Where parents can be reached:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

ParentLink(Blackboard)Phone#: \_\_\_\_\_ ParentLink(Blackboard) email: \_\_\_\_\_

**School Time Caretaker Name:** \_\_\_\_\_ **Caretaker Cell Phone:** \_\_\_\_\_

(Nanny, Au Pair, Babysitter) Caretaker has permission to pick up my child(ren) \_\_\_\_\_ Yes \_\_\_\_\_ No

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.

Contact's name	Relationship	Cell Phone #	Other Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

*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 Guardian's Signature** DATE: \_\_\_\_\_

*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.*