



STUDENT'S NAME (Last)	(First)	(Middle)
STUDENT ID: _____	GRADE LEVEL: _____	BIRTH DATE: _____

EMERGENCY INFORMATION FORM

SCHOOL: _____ TEACHER: _____ HOMEROOM: _____

DEAR PARENT/GUARDIAN:

PLEASE COMPLETE AND/OR CORRECT ALL SHADED AREAS ON BOTH SIDES OF THIS FORM.
COMPLETED FORM MUST BE RETURNED TO YOUR CHILD'S SCHOOL. THANK YOU.

STUDENT'S RESIDENTIAL ADDRESS: _____

STUDENT'S MAILING ADDRESS: _____

ARE YOU LIVING IN A HOMELESS SITUATION? YES NO

STUDENT'S RESIDENTIAL PHONE #: (____) ____ - ____ UNLISTED? YES NO

STUDENT ACCESS PASS CODE (OPTIONAL): _____
MAXIMUM 25 CHARACTERS (ALPHA/NUMERIC)

PARENT/GUARDIAN CONTACT INFORMATION

LEGAL GUARDIAN'S INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____

DRIVER'S LICENSE #: _____ **E-MAIL ADDRESS: _____

CONNECT-ED PHONE #: _____ PRIMARY PHONE #: (____) ____ - ____ SECONDARY PHONE #: (____) ____ - ____
(The secondary phone # is used for Parents/Guardians that are living in separate locations and both wish to receive Connect-ED messages)

LEGAL MOTHER'S INFORMATION (PARENT ONE)

LAST: _____ FIRST: _____ MIDDLE: _____

DRIVER'S LICENSE #: _____ **E-MAIL ADDRESS: _____

RESIDENTIAL ADDRESS: (If different than student) _____

MAILING ADDRESS: (If different than residence) _____

WORK PHONE #: (____) ____ - ____ EXTENSION: _____ CELLULAR PHONE #: (____) ____ - ____

PICK-UP AUTHORITY: YES NO CUSTODY: YES NO DOES STUDENT RESIDE WITH YOU? YES NO

LEGAL FATHER'S INFORMATION (PARENT TWO)

LAST: _____ FIRST: _____ MIDDLE: _____

DRIVER'S LICENSE #: _____ **E-MAIL ADDRESS: _____

RESIDENTIAL ADDRESS: (If different than student) _____

MAILING ADDRESS: (If different than residence) _____

WORK PHONE #: (____) ____ - ____ EXTENSION: _____ CELLULAR PHONE #: (____) ____ - ____

PICK-UP AUTHORITY: YES NO CUSTODY: YES NO DOES STUDENT RESIDE WITH YOU? YES NO

**We recommend the use of a personal email address in order to secure your privacy.

Student's Name:	Student ID:	School:
Birthdate:	Grade Level:	School Phone number:
Teacher:	Homeroom:	

Dear Parent/Guardian,
Please complete and/or correct all information on this form. Completed forms must be returned to your child's school.
NOTE: Residential address changes require two proofs of the new address to be submitted before the changes can be updated on your child's record.
If you have any questions, please call the registrar at your child's school. Thank you.

Student's Residence:

Student's Mailing address:

Are you living in a homeless situation? Yes No

Student's Residential Phone # : Unlisted: Yes No

The primary and secondary phone numbers will be used for Volusia Connect calls.

Volusia Connect Primary Phone#: Secondary Phone#:

Primary Cell Phone#: Secondary Cell Phone#:

Student Access Pass Code (Optional) :

Parent/Guardian Contact Information

Legal Guardian's Information :

Drivers License #: Relationship to Student:

** E-mail Address: Pick-Up Authority: Y N

Residential Address:

Mailing Address:

Work Phone# : Cell Phone: Custody: Y N

Legal Guardian's Information :

Drivers License #: Relationship to Student:

** E-mail Address: Pick-Up Authority: Y N

Residential Address:

Mailing Address:

Work Phone# : Cell Phone: Custody: Y N

Legal Guardian's Information :

Drivers License #: Relationship to Student:

** E-mail Address: Pick-Up Authority: Y N

Residential Address:

Mailing Address:

Work Phone# : Cell Phone: Custody: Y N

Legal Guardian's Information :

Drivers License #: Relationship to Student:

** E-mail Address: Pick-Up Authority: Y N

Residential Address:

Mailing Address:

Work Phone# : Cell Phone: Custody: Y N

Emergency Contact Information

Emergency Contact's Name: Relationship to the student:

Primary Phone#: Cell Phone#: Pick-Up Authority: Y N Custody: Y N

Emergency Contact's Name: Relationship to the student:

Primary Phone#: Cell Phone#: Pick-Up Authority: Y N Custody: Y N