



Employer	Has Custody <input type="checkbox"/>	Employer	Has Custody <input type="checkbox"/>	
E-mail Address:	Release to? Yes No	E-mail Address:	Release to? Yes No	
<b>Complete this section if student lives with someone other than parents</b>		<b>Music Option for Grades 6, 7, &amp; 8 only (please check one)</b>		
Name (Last, First, MI)		<input type="checkbox"/> Band		
Address		<input type="checkbox"/> Choir		
City	State	Zip	<input type="checkbox"/> Band & Choir	
Home Phone	Lives With <input type="checkbox"/>	<input type="checkbox"/> General Music		
Cell Phone	Contact Allowed <input type="checkbox"/>	<b>Migrant Worker</b>		
Work Phone	Education Rights <input type="checkbox"/>	Have you moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? Yes No		
Employer	Has Custody <input type="checkbox"/>	<b>Student Support Services</b>		
Would you like the school to send correspondence to non-custodial parent? Yes No				
E-mail Address:	Release to? Yes No	Please check the services that this student receives:		
<b>Emergency Contact #1</b> (other than parent/guardian)		<input type="checkbox"/> Speech/Hearing <input type="checkbox"/> Occupational Therapy/Physical Therapy <input type="checkbox"/> Emotional Behavioral Disorder (EBD) <input type="checkbox"/> Learning Disabled <input type="checkbox"/> EMH/TMH <input type="checkbox"/> OHI <input type="checkbox"/> None of the above		
Name (Last, First)		<p align="center"><b>*Please check all that apply so we can schedule your child according to their IEP requirements.</b></p>		
Address				
City	State			Zip
Home Phone	Relationship to student:			
Cell Phone				
Work Phone	Release to? Yes No			
<b>Emergency Contact #2</b> (other than parent/guardian)				
Name (Last, First)				
Address				
City	State	Zip		
Home Phone	Relationship to student:			
Cell Phone				
Work Phone	Release to? Yes No			

