GRADE: _____

TEACHER: _____

VIRGINIA-HIGHLAND ELEMENTARY SCHOOL

INFORMATION SHEET

✓ Please Check below the normal mode of transportation in the afternoon for your child

_____School Bus _____Walker _____Car Pool _____ Afterschool Club _____ Daycare Van

Student's Name: _____

Parent's (Guardian's) Name: _____

Address: _____

Home# ( ) _____ Cell# ( ) _____

Emergency Contact Name **(when parent cannot be reached)**:_____

Relationship to Student: _____ Telephone# ( )_____

Emergency Contact Name (when parent cannot be reached):_____

Relationship to Student: _____ Telephone# ( )_____

Emergency Contact Name (when parent cannot be reached):_____

Relationship to Student: _____ Telephone# ( )_____

Listed below is person(s) authorized by me to pick-up my child(ren):

Name _____ Relation to Student _____

Name _____ Relation to Student _____

Name _____ Relation to Student _____

Name _____ Relation to Student _____

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