

(During School Hours Only)

Student: _____				
Last Name	First Name	MI	Grade/Section	Today's Date
Student's Home address:		Apt #	Zip code	Home Number:
Mother's Name:		Home #	Cell #	
Mother's Home address		Mother's Signature		
Place of employment		Work #		
Father's Name:		Home #	Cell #	
Father's Home address		Father's Signature		
Place of employment		Work #		
Afterschool Daycare:		Phone Number		

In addition to the above, the following people are authorized to pick up my child during school hours. This does not apply to after school. **Picture ID is required.**

Name	Relationship to student	Phone #

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Name	Relationship to student	Phone #

Name	Relationship to student	Phone #

Name	Relationship to student	Phone #
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Name	Relationship to student	Phone #
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