

Name of Secondary Parent/Guardian Residing in the home:	Place of Employment	Occupation:	Work Phone:	Cell Phone:
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Student Enrolling) <input type="checkbox"/> Other: ___ <i>(*Please note: Stepparents living in the home full-time have the same parental rights as the biological parents. Any questions or concerns, contact the building principal)</i>				

Name of Parent Living Elsewhere:	Relationship to Child:	Residence Phone:	Work Phone:	Cell Phone:
Address:			Have custody papers been provided to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody Restrictions:				

If the child is a ward of the court, please indicate which court: _____

Has this student ever been expelled? Yes No. If yes, state school name and why: _____

Where does child go after school: (check one) HOME BABYSITTER/CHILDCARE LATCHKEY DOES NOT APPLY

Child's babysitter/childcare name: _____

Babysitter/childcare address: _____ Phone number(s): _____

Child's Doctor: _____ Phone: _____

Medications child is allergic to: _____

Health problems we should know about: _____

List all Medications your child is taking: _____

Who can be called in case of an emergency if we cannot reach you at home or work? Name: _____ Phone: _____

Address: _____ Work or Cell Phone: _____

Name: _____ Phone: _____

Address: _____ Work or Cell Phone: _____

In the event of a medical emergency and none of the persons listed above can be reached, I (we) give consent to the school personnel to seek medical treatment as deemed necessary.

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____