

School Information

Transported by parent(s) No Yes Bus Available No Yes If no, specify why _____

Bus Information Morning Bus # _____ Miles transported one-way _____
Evening Bus # _____ Miles transported one-way _____

Even if your child does not normally ride the bus, please provide bus information if a bus is available. Your child will NOT be placed on a bus without your permission.

In case of emergency, I/we give permission for authorized personnel to have my child transported to the hospital by EMS if the parent/guardian cannot be reached. In such cases:

Physician's Name _____ Phone (____) ____ - _____ Medical Insurance? No Yes

Allergies _____ Current medications _____

In case of early dismissal, my child should:

Ride the bus Remain at school until picked up by someone authorized by parent/guardian

Parent/Guardian Signature _____ DATE _____

"Permission to pick up student" List/Emergency/Other Contact Information

Use this area to complete information for parents the student *does not* live with, and/or for other relatives, friends, who you would like to be contacted in case of an emergency and/or have permission to pick up your child; please fill in as much information as possible for at least two contacts:

Contact 1 Last Name _____ First _____ Middle Initial _____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody _____

Primary language: English Other (please specify) _____

Phone Home (____) ____ - _____ Cell (____) ____ - _____ Emergency (____) ____ - _____

Describe relation of emergency contact _____ Work (____) ____ - _____ (Ext _____)

Work location name _____ E-Mail _____

Contact 2 Last Name _____ First _____ Middle Initial _____ Suffix _____

Relation to student: _____ Legal Custody Yes No If no, specify person(s) with legal custody _____

Primary language: English Other (please specify) _____

Phone Home (____) ____ - _____ Cell (____) ____ - _____ Emergency (____) ____ - _____

Describe relation of emergency contact _____ Work (____) ____ - _____ (Ext _____)

Work location name _____ E-Mail _____

Pick up restrictions Please provide information concerning who may/may not pick up your child(ren).

Persons allowed (other than listed above) _____

Persons not allowed _____