

IMPORTANT The household information is used by the School to communicate with families. Please be sure to complete fully.

Full Name(s) of Parent(s) or Guardian(s) Please indicate correct prefix.

Parent's Name _____	:	Parent's Name _____
Spouse's Name _____	:	Spouse's Name _____
<input type="checkbox"/> Address _____	:	<input type="checkbox"/> Address _____
_____	:	_____
_____	:	_____
<input type="checkbox"/> Home # () _____	:	<input type="checkbox"/> Home # () _____
<input type="checkbox"/> Cell () _____	:	<input type="checkbox"/> Cell () _____
<input type="checkbox"/> Email _____	:	<input type="checkbox"/> Email _____

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

SAFE HOME
YES _____ **NO** _____
 Safe Homes is a school-sponsored program. Parents agree to participate in Safe Homes and pledge to supervise students in their homes. (see policy in student handbook) A safe home symbol precedes their name in the *School Directory* for easy recognition.

SCHOOL DIRECTORY School has approval to publish the information in the *Directory* (please check applicable boxes above).
 YES _____ NO _____ print only student name & grade.

EMERGENCY CONTACT INFORMATION *This section must be completed.*

Emergency Contact Name _____

() _____ () _____
 Emergency Contact Phone (1) Emergency Contact Phone (2)

_____ _____
 Email (1) Email (2)

RELEASE OF INFORMATION

I give permission for the use of my child's photo on the School's website and in various press releases. YES _____ NO _____

GRANDPARENTS & SPECIAL FRIENDS

The School likes to keep grandparents/special friends informed of school activities as well as invite them to "Grandparents' & Special Friends' Day".

Maternal Grandparent(s) _____

Address _____ City _____ State _____ Zip _____

Tel # () _____ Email _____

Paternal Grandparent(s) _____

Address _____ City _____ State _____ Zip _____

Tel # () _____ Email _____

Special Friend(s) _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Tel # () _____ Email _____

PARENTS When possible, the School would like to use goods and services provided by current school parents.

	Parent/Guardian A	Parent/Guardian B
Employer		
Business Address		
Telephone(s)		
Fax / email		
Type of work		
Job Title		