



Date _____

Student's Name _____ Grade _____ Date of Birth _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent/Guardian Name (Dr./Mr./Mrs./Ms.) _____

Use below information for AlertNow Emergency Notification System? Yes No

Use below information for general email distribution? Yes No

Address (if different) _____ Phone _____

Email Address _____

Parent's Business/Profession _____ Phone _____

Name of Firm _____

Address _____ City/State/Zip Code _____

Cellular Phone and/or Pager Number _____

Vehicle Make/Model/Year _____ License Plate Number _____

Parent/Guardian Name (Dr./Mr./Mrs./Ms.) _____

Use below information for AlertNow Emergency Notification System? Yes No

Use below information for general email distribution? Yes No

Address (if different) _____ Phone _____

Email Address _____

Parent's Business/Profession _____ Phone _____

Name of Firm _____

Address _____ City/State/Zip Code _____

Cellular Phone and/or Pager Number _____

Vehicle Make/Model/Year _____ License Plate Number _____

****NOTE: Please put a check in box indicating the billing address**

Grandparent's Name _____

Address _____

Grandparent's Name _____

Address _____

Additional Information of which the school should be aware:

The following individuals are authorized to pick up my child from school:

1. Name _____ Relationship _____
Is this person authorized to pick up at any time? Yes No
If no, please explain exceptions (i.e. certain days, with parent note, etc.) _____

2. Name _____ Relationship _____
Is this person authorized to pick up at any time? Yes No
If no, please explain exceptions (i.e. certain days, with parent note, etc.) _____

3. Name _____ Relationship _____
Is this person authorized to pick up at any time? Yes No
If no, please explain exceptions (i.e. certain days, with parent note, etc.) _____

4. Name _____ Relationship _____
Is this person authorized to pick up at any time? Yes No
If no, please explain exceptions (i.e. certain days, with parent note, etc.) _____

Please list any additional authorized pickup persons below.

PLEASE RETURN THIS FORM BY JUNE 1ST

OFFICE USE ONLY

AN _____ AD _____