

In the case of an emergency we are unable to contact parent at home or work please provide additional contacts we may call.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If it is necessary to call a physician for your child, and the school authorities are unable to contact either parent, I give my permission to call the doctors listed below and allow emergency treatment if needed:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If none of the above doctors are available, I give my permission to call one who is available.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL GUARDIAN IS FULL TIME ACTIVE DUTY IN NATIONAL GUARD OR MEMBER OF ARMED FORCES: YES \_\_\_\_\_ NO \_\_\_\_\_

PUBLIC SCHOOL BILINGUAL CENSUS:

A STUDENT IS CONSIDERED OF "NON-ENGLISH BACKGROUND" IF STUDENT ANSWERS "YES" TO ANY OF THE FOLLOWING QUESTIONS.

YES \_\_\_ NO \_\_\_ 1. Is a language other than English spoken in daily interaction in the student's home?

If so, what language: \_\_\_\_\_

YES \_\_\_ NO \_\_\_ 2. Does the student speak a language other than English?

If so, what language: \_\_\_\_\_