Parent's Last Name	Student's Last Name							
Home Address		City				Home Phone		
Occasionally guardian or seeking schild in case of an er school, oldest first. Student Informatio	medical attent mergency. Re	y become illion for the	SENCY & ll or have a student. T	an accident he informa	INFO while a tion yo	u provide belo	w will allow	
Last Name	First Name		_Grade _	de Teacher		_Birth Date _	List any Health Problems	
Parent Information	l		1	1				
Name (please print name)		Employe	erWor	ork PhoneCell		PhoneE-mail Add		ess _
Father:								
Mother:								
Legal Guardian:								
Step Father:								
Step Mother:	15:						11	
Alpine Scho student to be release school when you car able to release them. out. Local Emergency C	d from school anot be contact Non-custodia	during the ted. If som	day. Pleas eone who name mus	se include i is not listed at be writter	ndividu I below I <i>below</i>	comes to chec	rize to pick up ck out your str edial parent to	your child from udent we will not be check this student
Name Street				City, State, Zip		Phone	Relationship	
ambulance or the pa		is deemed n	necessary.		v	an emergency Phone:		
Is there information	on file prevent	ting certain	individua	ls from che	cking t	his student out	? Yes N	No
I have read and unde accident/illness-relat							financial resp	oonsibility for all
Signature of parent of	or legal guardia	an]	Relationship to	the student	

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.