



Fall 2016 Returning Student Information Update

Parents, Please update your most current contact #'s so we may quickly contact you in case of emergency, etc. Thanks so much.

Child's Name _____

Today's Date _____

Parent Name _____ Home # _____

Address _____ Cell # _____
_____ Work # _____

Place of Work _____ Occupation _____

E-Mail: _____
~~~~~

Parent Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_  
(if different) \_\_\_\_\_ Work # \_\_\_\_\_

Place of Work \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_  
~~~~~

Emergency Information

Emergency contact persons (in case the parents cannot be reached)

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____
~~~~~

#### Authorized Contacts

List people, other than parents, to whom your child may be released on a regular basis:

| Name  | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |