

The Villages® Charter School

2010-2011 EMERGENCY CONTACT/STUDENT INFORMATION SHEET

ECC	__
PC	__
IC	__
MS	__
HS	__

PLEASE PRINT CLEARLY (use black or blue ink)

Teacher's Name: _____
(for ECC, Primary and Intermediate only)

Legal Name: _____
(Last Name) (First Name) (Middle Name)

Sex: M _____ F _____ Date of Birth: _____ Race: _____

Mailing Address: _____ Physical Street Address: _____

City: _____ Zip: _____ E-Mail Address: _____

Home phone: _____ Alternate phone #'s (cell, pager): (father) _____ (mother) _____

Student lives with: _____ mother _____ father _____ legal guardian _____ other _____

*Please note any custody issues _____ (papers must be on file with the school)

Will your child be attending the after school program? Yes _____ No _____

List any siblings in THIS building (first and last name): _____

List any siblings in other buildings on this campus (please list first & last names and grade)

Medical conditions/allergies: _____

Mother's Name (first & last name): _____ Please Circle: Parent, Step-Parent, Guardian

Place of employment: _____ Position: _____

Location: _____ Work phone #: _____

Father's Name (first & last name): _____ Please Circle: Parent, Step-Parent, Guardian

Place of employment: _____ Position: _____

Location: _____ Work phone #: _____

ADDITIONAL PERSONS AUTHORIZED TO PICK-UP MY CHILD (parent/guardian listed above) and only those listed below will be allowed to pick-up my child. Proper identification will be required.

In case of an emergency, attempts will be made to contact parents first, if we are unable to reach a parent the emergency contacts noted below will be contacted.

Emergency Contact: _____
(name) (phone) (relationship to child)

Emergency Contact: _____
(name) (phone) (relationship to child)

Others Authorized to pick-up:

(name & phone) (name & phone)

(name & phone) (name & phone)

(name & phone) (name & phone)

(name & phone) (name & phone)

In case of accident or serious illness, I request the school contact me. In case of an emergency, I give permission for my child to be treated at the hospital if necessary. I understand that I am responsible for all related charges.

Parent/Guardian Signature _____ Date _____

Please Note: It is the parents' responsibility to immediately notify the school of any changes in the information provided on this sheet.