

LLSD Student Emergency Information Sheet 2011-2012

Student: _____	Nick Name: _____	Homeroom Teacher: _____	Grade: _____
Home Phone: _____		Primary email for school contact: _____	
Student Address: _____			
<small>Street</small>	<small>City</small>	<small>Zip</small>	
Is this a change of address/phone from last school year: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mail to go to: _____			
<small>PO Box</small>	<small>City</small>	<small>Zip</small>	

Student Contacts

<p>Mother's Name: _____</p> <p>Address: _____</p> <p>Home: _____ Cell: _____</p> <p>Work Phone: _____</p> <p>Employer: _____</p> <p>Email Address: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Emergency/Medical Contact</p> <p><input type="checkbox"/> Living with Student/Same as Student Address</p>	<p>Father's Name: _____</p> <p>Address: _____</p> <p>Home: _____ Cell: _____</p> <p>Work Phone: _____</p> <p>Employer: _____</p> <p>Email Address: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Emergency/Medical Contact</p> <p><input type="checkbox"/> Living with Student/Same as Student Address</p>
<p>Stepfather's Name: _____</p> <p><i>or</i></p> <p>Guardian Name/Relationship: _____</p> <p>Address: _____</p> <p>Home: _____ Cell: _____</p> <p>Work Phone: _____</p> <p>Employer: _____</p> <p>Email Address: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Emergency/Medical Contact</p> <p><input type="checkbox"/> Living with Student at Same Address</p>	<p>Stepmother's Name: _____</p> <p><i>or</i></p> <p>Guardian Name/Relationship: _____</p> <p>Address: _____</p> <p>Home: _____ Cell: _____</p> <p>Work Phone: _____</p> <p>Employer: _____</p> <p>Email Address: _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Emergency/Medical Contact</p> <p><input type="checkbox"/> Living with Student at Same Address</p>

I authorize the following person(s) to be contacted and to pick up my child if the above contacts cannot be reached:

Name: _____ Phone: _____ Cell: _____

