

# Parent / Legal Guardian and Emergency Contact Information

**THIS SHEET MUST BE SIGNED AND RETURNED.** Please fill out the information below, listing ONLY the legal guardians of the student. Legal guardian is the person who has custody of child. If this is anyone outside of the biological parent(s), we may request additional paperwork.

**Student's Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Gender:** (Please circle)      Female      Male  
**Grade:** \_\_\_\_\_

## Please Only List Legal Guardians

*If the names listed below are anyone outside of biological parent, we may need additional information from you. (EX: Court Order, Adoption Papers, etc.)*

### **LEGAL GUARDIAN INFORMATION:**

**Legal Guardian 1:** \_\_\_\_\_  
**Relationship to student:** \_\_\_\_\_  
*Address - (If different than the address listed above).*  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_  
**2nd Phone (opt.):** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Employer Phone:** \_\_\_\_\_

**Legal Guardian 2:** \_\_\_\_\_  
**Relationship to student:** \_\_\_\_\_  
*Address - (If different than the address listed above).*  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_  
**2nd Phone (opt.):** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Employer Phone:** \_\_\_\_\_

**In this section, please list the relationship of the individual(s) that the student lives with.**

*(Ex. Mother, Father, Step Mother, Step Father, Sibling, Grandmother, Grandfather, Foster Parent, Relative, or Other)*

The student **lives with** \_\_\_\_\_ and (if applicable) \_\_\_\_\_.

**If a non-custodial parent is entitled to information and can request information from the school, please list them below:**

Name of Non-Custodial Parent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Are there any special custody concerns?**

*Court documentation must be on file in the school office to comply with any restrictions.*

(Circle one) YES      NO

If Yes, provide a brief explanation: \_\_\_\_\_

### **Main Contact Number Confirmation:**

The Main Contact Number is the first number the school will use in contacting a Legal Guardian regarding a student.

There can only be one number. Please verify the Main Contact number listed or make a correction in the spaces below:

The number listed as the Main number in PowerSchool is \_\_\_\_\_.

\_\_\_\_\_ Yes, that is the correct number.

\_\_\_\_\_ No, that is not the correct number. The correct number is \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Please list up to 3 individual(s) to call in case of emergency if the Guardian(s) listed on Page 1 cannot be reached. Enter **only one** phone number per emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY PROCEDURES:**

If you cannot be reached in an emergency, and if in the judgement of school personnel, immediate and/or hospital attention is indicated, do you authorize responsible personnel to send your child (properly escorted) to an available hospital or physician? (Circle one) **YES NO**

**\*\*PLEASE NOTE: IN CASE OF A LIFE THREATENING EMERGENCY, AN AMBULANCE WILL BE CALLED.\*\***

If No, please list procedures for School Personnel to follow in case of a non-life treating emergency:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT COMMUNICATION:**

The District uses SchoolMessenger to send out important information (i.e.: school closings) to parents via voice calls, text messages and emails. We allow for 2 entries for each type of notification. Please fill out the information for each of the ways you wish to be contacted in the space below.

Voice number 1: \_\_\_\_\_ Voice number 2: \_\_\_\_\_  
Text number 1: \_\_\_\_\_ Text number 2: \_\_\_\_\_  
Email Address 1: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_

**Home Language Survey:**

Is a language other than English spoken in your home? \_\_\_ Yes \_\_\_ No Language Spoken if Yes \_\_\_\_\_  
Does your child speak a language other than English? \_\_\_ Yes \_\_\_ No Language Spoken if Yes \_\_\_\_\_

**Children of US Military Personnel:**

Is there a parent/guardian who is a member of a branch of the U.S. Armed Forces either deployed to active duty or expects to be deployed to active duty during the school year? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
**Signature of Legal Guardian(s)** **Date**

*By signing, I acknowledge that all people listed under Legal Guardian and/or Non-Custodial Parent on this form are entitled to receive grades, reports, and other documents and information from school personnel (whether verbally or in writing).*

**FOR SCHOOL PERSONNEL USE ONLY:**

METHOD TAKEN BY FAMILY TO PROVE STUDENT RESIDENCY IN DISTRICT:

- a. \_\_\_\_\_ Student is living with parent(s) at the address stated above.
- b. \_\_\_\_\_ Student is living with legal guardian at the address stated above. Note that we will need court order for guardianship and that it hasn't been formed just for student to attend school in the district.
- c. \_\_\_\_\_ Student and student's family is living with a district resident. (fill out appropriate paperwork)
- d. Student is living with custodial adult or relative other than parent or guardian (and we have no paperwork). -- see District Admin at this point
- e. Unable to determine residency or custodial arrangement. -- see District Admin at this point