

**2020-2021 OFFICE INFORMATION FORM**  
(PLEASE PRINT ALL INFORMATION)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room # \_\_\_\_\_ Bus # Home: \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Parent Pick-Up \_\_\_\_\_ or Walker \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian Name** (please underline if parent or guardian):

Mother: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell #: \_\_\_\_\_

Father: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail addresses: (addresses are kept confidential)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

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**Emergency Contacts:**

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

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

Daycare # (if applicable): \_\_\_\_\_ Adult at Day Care to Contact: \_\_\_\_\_

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**ANY CUSTODY OR COURT RESTRICTIONS:**

(Y) (N) (If "Yes" - most recent copy of court papers **MUST** be attached)

NAMES OF PEOPLE **ALLOWED** TO PICK UP YOUR CHILD(REN):

\_\_\_\_\_

NAMES OF ANYONE **NOT ALLOWED** TO PICK UP YOUR CHILD(REN):

\_\_\_\_\_

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If school should close early on any given day due to an emergency, we need to have the following information:

IN CASE OF AN EMERGENCY CLOSING, MY CHILD(REN) WILL:

Proceed as Usual: \_\_\_\_\_

Follow alternate plans discussed at home as follows: \_\_\_\_\_

**THESE ARRANGEMENTS SHOULD BE DISCUSSED WITH YOUR CHILD AND THE PERSON TAKING CARE OF YOUR CHILD AS SOON AS POSSIBLE. PLEASE UPDATE THE SCHOOL IF THERE IS A CHANGE IN ANY OF THIS INFORMATION.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_