LarcSchool

Student Contact Information

☐ M ☐ F Gender

_____ Student's Name (Last)   _____ (Generation)   _____ (First Name)   _____ (Middle Name)   _____ (Nickname)

_____ Student's Address   _____ (City)   _____ (State)   _____ (Zip)   _____ Student's Home Phone   _____ Date of Birth

Race/Ethnicity (Optional)

☐ Hispanic or Latino   ☐ American Indian/Alaskan   ☐ Asian   ☐ Black   ☐ Pacific Islander/Hawaiian   ☐ White

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Primary Parent/Caregiver Information

Relationship to Child

1 ☐ Mother   ☐ Father   ☐ Grandmother   ☐ Grandfather   Other (be specific) _____

_____ Name (First)   _____ (Last)   _____ (1)Home Phone   _____ (2)Work Phone

☐ (1)   ☐ (2)   ☐ (3)

_____ Address   _____ (3)Cell Phone   Check Preferred Phone Number

Does the student live at this address?   ☐ Yes   ☐ No

Does mail go to this address?   ☐ Yes   ☐ No

Does this contact have permission to pick up the student?   ☐ Yes   ☐ No

_____ e-mail address (please print clearly)   Are you a **PRIMARY** Emergency Medical Contact?   ☐ Yes   ☐ No

Please list any comments you would like us to note

Primary Parent/Caregivers Information

Relationship to Child

2 ☐ Mother   ☐ Father   ☐ Grandmother   ☐ Grandfather   Other (be specific) _____

_____ Name (First)   _____ (Last)   _____ (1)Home Phone   _____ (2)Work Phone

☐ (1)   ☐ (2)   ☐ (3)

_____ Address   _____ (3)Cell Phone   Check Preferred Phone Number

Does the student live at this address?   ☐ Yes   ☐ No

Does mail go to this address?   ☐ Yes   ☐ No

Does this contact have permission to pick up the student?   ☐ Yes   ☐ No

_____ e-mail address (please print clearly)   Are you a **PRIMARY** Emergency Medical Contact?   ☐ Yes   ☐ No

Please list any comments you would like us to note

Emergency Contact – in the event the Primary Parents / Caregivers are unable to be reached

3

Relationship to Student : _____

_____ Name (First)   _____ (Last)   _____ (1)Home Phone   _____ (2)Work Phone

☐ (1)   ☐ (2)   ☐ (3)

_____ Address   _____ (3)Cell Phone   Check Preferred Phone Number

Does this contact have permission to pick up the student?   ☐ Yes   ☐ No

_____ e-mail address (please print clearly)   Is this a medical contact?   ☐ Yes   ☐ No

Please list any comments you would like us to note

See reverse side

Emergency Contact – in the event the Primary Parents / Caregivers are unable to be reached

4

Relationship to Student : _____

Name (First) _____ (Last) _____

Address

e-mail address (please print clearly)

Please list any comments you would like us to note

(1)Home Phone

(2)Work Phone

☐ (1) ☐ (2) ☐ (3)
Check Preferred Phone Number

(3)Cell Phone

Does this contact have permission to pick up the student? ☐ Yes ☐ No

Is this a medical contact? ☐ Yes ☐ No

Emergency Contact – in the event the Primary Parents / Caregivers are unable to be reached

5

Relationship to Student : _____

Name (First) _____ (Last) _____

Address

e-mail address (please print clearly)

Please list any comments you would like us to note

(1)Home Phone

(2)Work Phone

☐ (1) ☐ (2) ☐ (3)
Check Preferred Phone Number

(3)Cell Phone

Does this contact have permission to pick up the student? ☐ Yes ☐ No

Is this a medical contact? ☐ Yes ☐ No