

Teacher _____

Student's name _____

Date of Birth _____

Parent's Name _____



Phone numbers : Home _____ Work _____

Alternate Phone # _____ Cell? ___ Relative? ___ Neighbor? ___

Please give name of person to be called _____

Student's Home Address _____

If there is **ever** a change of address, home or work telephone number, please, let us know as soon as possible.

How will your child get home?



Car



Walking; with whom? _____



East North Street After School Daycare



Hellams Center



Day Care Van (Please print name of daycare) _____

Bus

(Please Circle the correct bus route if you know it.)



PELHAM ROAD

LAURENS ROAD

JESSE JACKSON-
___ NICHOLTOWN CTR.
___ PHYLLIS WHEATLEY CTR.

LEAGUE MAGNET

BECK MAGNET

PLEASANTBURG



Did your child attend Pre-School or 4K? yes no

If so, where? _____



If there is **ever** a change in how your child gets home, **We Must Have A Signed Note.** Otherwise, the child will be sent home in the usual manner.



Are there any medical conditions we should know about your child, such as a food allergy?

NO

YES _____