

FAMILY INFORMATION AND CONTACT LIST TEST
2011-12

COMPLETE ONLY ONE PAGE PER FAMILY

ALL CHILDREN IN YOUR HOUSEHOLD SCHOOL AGE OR YOUNGER (OLDEST FIRST)			
First and Last Name	Date of Birth	Sex	Current Grade

ADULTS CHILD LIVES WITH			
Relationship	First and Last Name	Daytime Phone Numbers	
		Work	
		Cell	
		Work	
		Cell	
		Work	
		Cell	

HOME CONTACT INFORMATION			
Mailing Address	City, State	Zip Code	Home Phone
Street Address (if different than above)			

RELATIVES OR FRIENDS WHO CAN ASSUME TEMPORARY OR EMERGENCY CARE OF YOUR CHILD IN THE EVENT THAT A PARENT CANNOT BE REACHED			
First and Last Name	Daytime Phone	City	Relationship

IS THERE AN ADDITIONAL PARENTAL ADDRESS THAT DUPLICATE SCHOOL CORRESPONDENCE SHOULD BE SENT TO?		
Name	Mailing Address	Relationship

I give the Parkers Prairie Elementary school staff permission to use this contact information in order to care for and insure the safety of my child(ren).

Parent/Guardian Signature: _____ Date _____

