

SCHOOL YEAR 20____ TO 20____

Grade____ Teacher_____

Bus #____ Bus Stop_____

RIVER FOREST COMMUNITY SCHOOL CORPORATION

Returning Student Information/Emergency Contact Form

1. STUDENT'S LEGAL NAME _____ CURRENT GRADE _____
(LAST) (FIRST) (MIDDLE)

2. MALE _____ FEMALE _____ DATE OF BIRTH _____

3. STUDENT'S HOME ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

CHECK BOX IF NEW ADDRESS THIS SCHOOL YEAR

4. Email address where grades and confidential information can be sent _____

PLEASE CHECK BOX TO INDICATE WHO HAS LEGAL CUSTODY (unless otherwise indicated, the school will release student to those listed below)

5. FATHER'S NAME _____ ADDRESS _____ PHONE _____
 MOTHER'S NAME _____ ADDRESS _____ PHONE _____
 GUARDIAN'S NAME _____ ADDRESS _____ PHONE _____
FATHER'S WORKPLACE _____ PHONE _____ CELL _____
MOTHER'S WORKPLACE _____ PHONE _____ CELL _____
GUARDIAN'S WORKPLACE _____ PHONE _____ CELL _____

IN CASE OF EMERGENCY WHEN PARENTS CAN NOT BE LOCATED, WHOM SHOULD WE CONTACT LOCALLY?

6. 1ST CHOICE--NAME _____ RELATIONSHIP _____
HOME PHONE# _____ WORK # _____ CELL # _____
7. 2ND CHOICE--NAME _____ RELATIONSHIP _____
HOME PHONE# _____ WORK # _____ CELL # _____
8. 3RD CHOICE--NAME _____ RELATIONSHIP _____
HOME PHONE# _____ WORK # _____ CELL # _____

IF A DOCTOR'S CARE SEEMS NECESSARY, CAN WE CALL YOUR DOCTOR? YES _____ NO _____

NAME OF FAMILY DOCTOR _____ PHONE _____

IN CASE OF SERIOUS ILLNESS OR INJURY, I GIVE MY PERMISSION FOR THE ABOVE NAMED STUDENT TO BE TREATED AT ST.MARY MEDICAL CENTER EMERGENCY ROOM OR LOCAL EMERGENCY ROOM IF OUT OF TOWN.

SIGNED _____

Parent or Guardian

Date