

RAVENA-COEYMANS-SELKIRK - STUDENT/PARENT/CONTACT INFORMATION

Homeroom: _____

*Student Name: _____ *Birthdate: _____ *Birthplace: _____

Student Name: _____ **Birthdate:** _____ **Birthplace:** _____

*Physical Address: _____ *Grade: _____ *Home Phone: _____

Physical Address: _____ **Grade:** _____ **Home Phone:** _____

*Mailing Address: _____ **Mailing Address:** _____

*Student Lives With: _____ **Student Lives With:** _____

*Contact Name: _____ *Home Phone: _____

Contact Name: _____ **Home Phone:** _____

*Address: _____ *Cell Phone: _____

Address: _____ **Cell Phone:** _____

*Employer: _____ *Work Phone: _____

Employer: _____ **Work Phone:** _____

Email: _____

Email: _____

Pick-Up: YES / NO

*Relation to Student: _____
Relation to Student: _____
Receives Mailings Yes / No Please Circle One

*Contact Name: _____ *Home Phone: _____

Contact Name: _____ **Home Phone:** _____

*Address: _____ *Cell Phone: _____

Address: _____ **Cell Phone:** _____

*Employer: _____ *Work Phone: _____

Employer: _____ **Work Phone:** _____

Email: _____

Email: _____

Pick-Up: YES / NO

*Relation to Student: _____
Relation to Student: _____
Receives Mailings Yes / No Please Circle One

*Contact Name: _____ *Home Phone: _____

Contact Name: _____ **Home Phone:** _____

*Address: _____ *Cell Phone: _____

Address: _____ **Cell Phone:** _____

*Employer: _____ *Work Phone: _____

Employer: _____ **Work Phone:** _____

Email: _____

Email: _____

Pick-Up: YES / NO

*Relation to Student: _____
Relation to Student: _____
Receives Mailings Yes / No Please Circle One

Emergency School Closing Contact (one name only, please):

Name: _____ **Relationship:** _____ **H:** _____ **W:** _____ **C:** _____

*Doctor's Name: _____ *Phone: _____

Doctor's Name: _____ **Phone:** _____

*Date: _____

--

Signature of Parent or Persons Responsible for Signing Excuses