

STUDENT CONTACT & CHECK OUT
Must be completed by Parent/Legal Guardian 2018-2019

PLEASE PRINT

DATE _____ SCHOOL WESTHILLS ELEMENTARY SCHOOL GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX- Circle One: MALE FEMALE HOME PHONE _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

RACE – Circle One: ASIAN BLACK HISPANIC AM. INDIAN MULTI WHITE PACIFIC ISLANDER

CHILD LIVES WITH – Circle One PARENTS, MOTHER, FATHER,
GUARDIAN: RELATION _____

PARENT(S) / GUARDIAN NAME: ****If guardian, provide school with a copy of guardianship papers.****

MOTHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

FATHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!!!)

EMERGENCY #1 CONTACT _____	EMERGENCY #2 CONTACT _____
↓ Relation _____ Phone _____	↓ Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____
4. _____	Relation _____	Phone _____

PARENT SIGNATURE _____