

**202\_\_ - 202\_\_ ADDITIONAL CONTACT INFORMATION**

**If you would like to add additional contacts for your child, please complete this form.**

**Student Name \_\_\_\_\_ Grade \_\_\_\_\_**

**I would like to add the following people to my student's contact list.**

**ADDITIONAL CONTACT INFORMATION:**

**Relationship to Student:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like this person to be: (check all that apply)

- a pickup person
- Medical contact
- Receive school emails for student

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**Relationship to Student:** \_\_\_\_\_

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**Parent/Guardian Name : Please print** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian completing this form** **Date** \_\_\_\_\_