

**Emergency Contact Information (Other Than Parents/Guardians)**

Number 1

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 2

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 3

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			

Number 4

Name			
Relationship			
Place of Employment			
Home Phone			
Business Phone			
Cellular Phone			
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has permission to Pick up Student <input type="checkbox"/> Yes <input type="checkbox"/> No			



**Transportation Information**

Transportation <b>To</b> School	
Bus	<input type="checkbox"/> Complete Bus Rider Information Form

Transportation <b>From</b> School	
Bus	<input type="checkbox"/> Complete Bus Rider Information Form

Car	<input type="checkbox"/>
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Car	<input type="checkbox"/>
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Instructions for Emergency School Closing



**Previous School**

Name			
Address			
City	State	Zip	
Phone			

Has your child received services in a program for Exceptional Children in the previous or current school year?

Yes                       No