

IN CASE OF EMERGENCY CONTACT:

- 1. _____ Phone _____
- 2. _____ Phone _____
- 3. _____ Phone _____

FAMILY DOCTOR: _____ Phone _____

DATE OF LAST PHYSICAL EXAM: _____

SPECIFY ANY KNOWN FACTORS THAT MAY INTERFERE WITH CHILD'S LEARNING:

TRANSPORTATION ARRANGEMENTS

My child will use the following means of transportation to and from school:

- Walk Car Pool
- Bicycle Family Car

If your child is going home with someone please send a note that morning. If a note is not sent in the morning we will not make calls during the day.

PLEASE NOTE: It is the responsibility of the parent to inform the school anytime there is a change in the information on this form.

OTHER CHILDREN IN THE FAMILY:

NAME	SEX	BIRTHDATE	LIVING AT HOME
			YES OR NO
			YES OR NO
			YES OR NO
			YES OR NO
			YES OR NO