



OFFICE ONLY

SCHOOL YEAR: _____ - _____

STUDENT INFORMATION

Child's Name: _____

DOB: _____ Age: _____

Mother's Name: _____

Cell Phone: _____

Mother's Work Number: _____

Email: _____

Home Phone Number: _____

Father's Name: _____

Cell Phone: _____

Father's Work Number: _____

Email: _____

1 st Emergency Contact Name	Relation	Number
_____	_____	_____
This person will be contacted in the event that both parents cannot be reached.		

2 nd Emergency Contact Name	Relation	Number
_____	_____	_____
This person will be contacted in the event that the 1 st Emergency person cannot be reached.		

The people on the list that follows are allowed to pick up your child from Pueblo's Royal Christian School if you, the parents, are unable to pick them up.

Remember that we will not allow your child to leave with anyone not on this list. Upon arrival the person may be asked to provide proper identification or we will not allow the child to leave.

Name	Relation	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you give your child permission to walk home from school? _____ *

*Pueblo's Royal Christian School will not be held responsible for your child once he/she leaves the school to walk home.

Parent's Signature: _____

Date: _____