

**STUDENT & FAMILY INFORMATION SHEET
2009-10 ACADEMIC YEAR**

Essential Contact Information

We ask that you carefully complete both sides of this form.

Student: _____ Grade: _____ Home Phone #: _____

Siblings and ages: _____

Mother's Name: _____ Father's Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Preferred Mailing Address: _____

Preferred initial phone contact: _____ Mother or Father

Are you a regular email user? Yes No

Please indicate the email address(es) that you would like for us to use for routine school correspondence:

*Our school has made a deliberate decision to use electronic communication for the majority of our correspondence. If this is problematic for you, please notify us.

Emergency Contact Information

In the event that we are unable to contact either parent in an emergency situation, please identify another person who we can reach.

Contact's Name: _____ Relationship to student: _____

Home Phone: _____ Daytime Phone: _____

Parental Preferences

Please indicate your preferences to each of the following questions. If at any point you decide to alter the information that you have provided here, you must contact the main office to notify us.

Would you like for your phone contact information to be included in our directory? Yes No

Do you permit us to include your email address in the directory? Yes No

Do you permit us to utilize photographs of your child for promotional purposes? Yes No

Do you permit us to send press releases to the media about your child's achievements? Yes No

Do you permit your child to leave campus occasionally for neighborhood walks, including travel to/from the YMCA? (This does not include special field trips). Yes No

School Transportation Plans

In general, we will assume that our students will be picked up by their parents at the conclusion of the school day or after-school activities. While we have developed a fairly efficient pick-up routine, please understand that students at this age are ultimately responsible for safely boarding the appropriate vehicle. Our staff members who may be present at dismissal will keep an eye on our students and ensure that traffic progresses safely. For their safety and protection, we need to be fully informed if and when they will be traveling with someone other than you.

Do you permit your child to walk/bike unaccompanied from school. Yes No

Do you permit your child to drive his/her own vehicle to & from school? Yes No

Vehicle Make & Model: _____ Plate #: _____

Have you made carpool arrangements with other Epiphany families? Yes No

If so, please indicate the parents with whom your child may be riding:

Do you permit your child to be picked up by his/her family members or friends, including other Epiphany students who may be driving themselves? Yes No

If so, please indicate the individuals with whom your child may be riding:

Please Note - If an individual who you have not identified arrives at school to pick up your child, we will attempt to contact you to receive your permission. If you are unable to be reached, we will not allow him/her to depart.

Parent Signature

Please sign and date this form before you submit it to us. In the event that any of this information changes during the school year, *particularly your phone numbers or email address*, it is important that you notify us so that we can maintain an accurate database. If you have any questions about the information contained here, feel free to contact Mrs. Janet Foley.

Print Family Name: _____

Parent Signature: _____

Date: _____

THANKS FOR PARTNERING WITH US IN THE EDUCATION OF YOUR CHILD!