

EVERGREEN AVENUE SCHOOL
WOODBURY, NJ 08096
2011-2012

Teacher/Grade

PARENT'S REPORT TO SCHOOL

In order that we may keep our records current, we ask that parents complete this form for each child.
Please complete both sides and sign where indicated before returning this form to school. Thank you.

1. Child's Name _____
2. Date of Birth _____ Telephone # _____
3. Address _____
4. In case of emergency, whom does the child reside with?
Child lives with: Both ___ Mother ___ Father ___ Other ___
5. Mother's Name (Guardian) _____
Phone: Home _____ Cell _____ Work _____ ext. _____
Email: _____
Place of Employment _____ Occupation _____
6. Father's Name (Guardian) _____
Phone: Home _____ Cell _____ Work _____ ext. _____
Email: _____
Place of Employment _____ Occupation _____

Brothers and sisters of this student:

<u>Name</u>	<u>Date of Birth</u>	<u>School/Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. In case of illness/emergency, **when** neither parent/guardian can be reached, list two nearby relatives or friends who can be immediately contacted by the school and who are available to pick your child up.

- a. Name _____ Relationship _____
Address _____ Phone _____ Cell _____
 - b. Name _____ Relationship _____
Address _____ Phone _____ Cell _____
8. My child has permission to participate in all school excursions within the district during this school year. Prior to any trip, I will be given written notification. **Yes No** (circle one)
 9. I give permission for the above information to be published in a directory to be used for emergency purposes only **Yes No** (circle one)

Student Dismissal Information

Child's Name _____ **Grade/Teacher** _____

As a result of newly enacted board policy, we ask that parents complete the information below and return to your child's teacher. **Please fill out completely.**

Students should be picked up by their parent/guardian or designee on a daily basis unless other arrangements have been made through the main office. Please indicate whether they will be walking home on their own or if they should not be released without a parent/guardian or designee.

Please check one of the following boxes:

_____ My child can walk home on his/her own.

_____ My child is not to be released from school unless he/she/he is picked up from school by one of the following:

Contact Information:

Primary Pick Up – Name _____ Relationship _____

Phone Number #1 _____ Phone #2 _____

Secondary Pick Up – Name _____ Relationship _____

Phone Number #1 _____ Phone #2 _____

Alternate Pick Up – Name _____ Relationship _____

Phone Number #1 _____ Phone #2 _____

Please notify the school in writing or request a new form when you make changes to the above.

Parent's Signature

Date