

Douglas Elementary School
Student Information Systems Data Sheet

Student Last Name	Student First Name	Student ID Number
Teacher	Grade-Level	Bus #, Walker #, and/or Day Care

MOTHER/GUARDIAN INFORMATION #1:

First Name	Last Name	Relationship
Home Phone ()	Day (Work) Phone ()	Mobile Phone ()
Street Address (City, State, Zip)		
Employer		
Email Address		
Living With <input type="checkbox"/> YES <input type="checkbox"/> NO	Can Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO

FATHER/GUARDIAN INFORMATION #2:

First Name	Last Name	Relationship
Home Phone ()	Day (Work) Phone ()	Mobile Phone ()
Street Address (City, State, Zip)		
Employer		
Email Address		
Living With <input type="checkbox"/> YES <input type="checkbox"/> NO	Can Pick Up <input type="checkbox"/> YES <input type="checkbox"/> NO	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACTS

First Name	Last Name	Primary Phone	Relationship
First Name	Last Name	Primary Phone	Relationship
First Name	Last Name	Primary Phone	Relationship

I/We hereby request that the student named above be released from school, only to persons whose NAMES appear above. I/We understand that the school will adhere and respond only to this written request, and that any change must be made in writing accompanied by appropriate signatures. School officials will request signature(s) prior to release of that; student if identity is in question.

Mother/Guardian Full Name	Signature
Father/Guardian Full Name	Signature