

ROUND LAKE-BREWSTER PUBLIC SCHOOLS

Annual Student Information 2019-2020

This is a family form. If you have more than one child in the school, you only need to supply the following information as it would apply to all the children. Individual instructions may be added.

Student(s): _____

Please list contact information below. If your child(ren) should become sick or injured and we cannot contact you, please list an additional emergency contact.

Relation _____	Relation _____
Name _____	Name _____
Address _____	Address _____
City _____	City _____
Home Phone _____	Home Phone _____
Work Phone 1 _____	Work Phone 1 _____
Work Phone 2 _____	Work Phone 2 _____
Cell Phone 1 _____	Cell Phone 1 _____
Cell Phone 2 _____	Cell Phone 2 _____
Email _____	Email _____

My child(ren), as listed above, has my permission to attend field trips during the school year. Yes No (please circle one)
The school will inform you when your child(ren)'s class will be going on a field trip.

In the event of a snowstorm and we are unable to deliver children to their own home, please indicate a home in town where we may send your child(ren): _____

If you have more than one child in the school and your children will be going to different homes, please list on the back of this sheet the homes to which each child should go.

Each of your children needs to sign in this box. You, as a parent, will verify your part of the agreement by signing at the end of this page. "I have read and understand the Round Lake-Brewster Handbook for the school year. I understand by signing this page, for our school system to run effectively, we need to abide by and support rules and policies set forth by the Round Lake-Brewster School Board and Administration. In an effort to provide a safe and efficient learning environment for all students, I agree that I will review these rules and building guidelines with my parent/student and understand we will be held accountable for these rules and policies."

Student information will be kept confidential and may be shared with appropriate school personnel on a professional basis only when necessary in order improve the student's educational outcome or to keep the student healthy. As parent or guardian of the above name student(s), I grant my permission to share information as stated above to promote my child's health, safety and/or educational outcome.

Parent Signature: _____ Date: _____
(Expires one year from date signed, unless revoked in writing earlier.)