

Student Name					
Address					
Date of Birth	/ /20	Current Grade		Bus Number	
Mother/Guardian Contact Information		<input type="checkbox"/> <i>Check if this person should be called first</i>			
Name					
Address					
Home Phone					
Work Phone					
Cell Phone					
EmailAddress					
Father/ Guardian Contact Information		<input type="checkbox"/> <i>Check if this person should be called first</i>			
Name					
Address					
Home Phone					
Work Phone					
Cell Phone					
Email Address					
Emergency Contact. List two other persons who will assume temporary care of your child if you cannot be reached. Please list them in the order you would like them to be called.					
Name		Relationship			
Best phone #		Alternate phone #			
Name		Relationship			
Best phone #		Alternate phone #			
Medical Related					
Allergies					
Special information					
Student's Physician					
Physician's Telephone #					

Please continue to the back of this page. **Signature required.**

Daily Dismissal Plan

- If your child is taking the bus, write "BUS" and **include the bus number.**
- If your child is going to the YMCA, write "YMCA" on applicable days.
- If your child is "parent/family pick up," write "PICK UP" and **be sure to identify the person who will pick up/sign your child out and their relation to your child. That person must have a valid form of identification. PLEASE INCLUDE THE MAKE AND MODEL OF THE VEHICLE for after-school pick-ups.**
- If your child is a walker, write "WALKER" and the name of the person who will meet them, if any. If your child walks without adult supervision, please write "WALKER - no adult needed."

If the information needs to change, please send in/drop off a note in the Main Office the morning of the change. In unforeseen situations, call the Main Office before noon.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

Emergency Dismissal Plan

The purpose of this section is to ensure your child will have a predetermined destination in the event of an early dismissal due to inclement weather or other unforeseen circumstances. Please know it is your responsibility to make sure your child clearly knows and understands where to go in case of an emergency dismissal.

Please know that we are not able to contact parents individually should an emergency dismissal occur.

Be prepared and plan ahead.

In order to get the most up-to-date information regarding the school, sign up for the List Serv on the LPS website and make sure your email is up-to-date. Emergency announcements are also broadcast on WPRO 630 AM, 92.3 FM; WJAR Channel 10; WPRI Channel 12

<p>In event of an emergency early school dismissal, my child has been directed to:</p>	<p>Check one option:</p> <p><input type="checkbox"/> <i>Go home as usual following the Daily Dismissal Plan.</i></p> <p><input type="checkbox"/> <i>Go to the home of _____ who lives at _____</i></p> <p><i>which is on my child's normal bus route</i></p> <p><input type="checkbox"/> <i>Be picked up by _____ . This person will be sure to bring a valid form of identification.</i></p>
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Student Handbook and Behavior Code
 The Student Handbook and Discipline Code of Conduct have been emailed to you. If you would like to request a paper copy, please contact the Main Office. Be sure to read and discuss the Student Handbook and Discipline Code of Conduct with your student. Signing this document affirms that you have read each document and that your student agrees to adhere to the Student Handbook and the Discipline Code of Conduct.

Photo/ Video Release. Please see page 13 of the Student Handbook.
 Select one option

I give permission to the LPS to use photos and videos, that may or may not include my child's name, on its website, in other publications (including the Valley Breeze Newspaper and the Yearbook), and in other forms of social media.

I do not give the LPS to use photos. I understand that my child will be excluded from the Yearbook, newspaper articles and slideshows.

I, the undersigned, do authorize officials of the Lincoln Public Schools to contact and release my child to the persons named on this form, and do authorize officials of the Lincoln Public Schools to treat my child as may be deemed necessary in an emergency.

Parent Signature: _____ Date: _____