

Enter Secondary Household Information, if applicable, Authorized to Pick Up and Emergency Contacts

Please be thorough and complete all fields. Contacts should be those that pick up on a regular basis and/or are an emergency contact.

Authorized to Pick Up and/or Emergency Contact and/or Secondary Household – Father/Parent/Guardian:

Last Name: _____

First Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Authorized to Pick Up: Yes No

Emergency Contact: Yes No

Lives with Student: Yes No

Driver's License #: _____

Employer/Occupation: _____

Authorized to Pick Up and/or Emergency Contact and/or Secondary Household – Mother/Parent/Guardian:

Last Name: _____

First Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Authorized to Pick Up: Yes No

Emergency Contact: Yes No

Lives with Student: Yes No

Driver's License #: _____

Employer/Occupation: _____

Contact That Picks Up On a Regular Basis and/or Emergency Contact:

Last Name: _____

First Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Authorized to Pick Up: Yes No

Emergency Contact: Yes No

Employer/Occupation: _____

Contact That Picks Up On a Regular Basis and/or Emergency Contact:

Last Name: _____

First Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Authorized to Pick Up: Yes No

Emergency Contact: Yes No

Employer/Occupation: _____