Emergency Contact Information
Buford Elementary School 2017-2018

Teacher:_____ Entry Date: _____

Child's Name:_____ Birth date: _____
(First) (Middle) (Last)

Father's Full Name: _____ Email: _____

Father's Home Address:_____ _____ _____
(Home) (Cell)

Mother's Full Name: _____ Email: _____

Mother's Home Address: _____ _____ _____
(Home) (Cell)

(Please check only one)
Single ( ) Married ( ) Parents Living Together ( ) Separated ( ) Divorced ( )

Who does the child live with? _____ If the child lives with someone other than parents, please write the address and phone number: _____

_____

Father's Employment: _____ Phone # _____

Mother's Employment: _____ Phone # _____

Transportation (Please only check one for AM and one for PM. If this changes for any day, written confirmation must be received in the office.)

	AM	PM
My child will ride bus #_____ in the	_____	_____
My child will be a car rider in the	_____	_____
My child walks in the	_____	_____
My child is a nursery rider in the	_____	_____

Name of nursery _____

When my child becomes ill at school please call (in order of preference). If we are to call mother first, list mother on line 1. ***Please fill all five lines. These are the only people that will be allowed to sign your child out.***

	(Name)	(Relationship to the student)	(Phone numbers)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Medical Issues _____

If your child has a serious medical problem you will need to give us a letter from your doctor.

Name of physician _____ Phone # _____

Name of dentist _____ Phone # _____

Signature of parent/guardian: _____

Please list the names and ages of the student's brothers and sisters: _____

_____

**If your child has custody papers, please make sure a copy is on file in the school office.