



Lake Washington School District

Emergency Notification - Secondary

Student Name _____ Grade _____
Last First Middle

Birth Date _____ Male | Female (circle) Bus Route _____ Teacher (Advisor) _____

Primary Household Information - Resident Address - where student resides

Parent/guardian #1 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Home Phone: () _____ <input type="checkbox"/> Unlisted Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
Parent/guardian #2 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Home Phone: () _____ <input type="checkbox"/> Unlisted Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
Street _____		Apt # _____
City _____	Zip _____	Housing Development _____
Mailing Address (if different from above)		
Street _____		P.O. Box _____ Apt # _____
City _____	State _____	Zip _____

Second Household Information (if a parent lives at an address different from primary)

Parent/guardian #3 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Home Phone: () _____ <input type="checkbox"/> Unlisted Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
Street _____		Apt # _____
City _____	Zip _____	Housing Development _____
Mailing Address (if different from above)		
Street _____		PO Box _____ Apt # _____
City _____	State _____	Zip _____

** Note: Parent/guardian #1 email is the address that will be used for all school electronic communications.*

Emergency Contacts

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child. We suggest at least one local contact and one out of state contact.

1. Name _____ Relationship _____ Phone () _____

2. Name _____ Relationship _____ Phone () _____

3. Name _____ Relationship _____ Phone () _____

Student Release Authorization: In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.

For grades 7-9, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to:

bus home (if buses run early) walk home

Siblings in District

Name _____ School _____

Name _____ School _____

Name _____ School _____

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your student's school if any of the information on this form changes during the school year.