



Lake Washington School District

Emergency Notification - Elementary

Student Name _____ Grade _____
 Last First Middle

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

Primary Household Information - Resident Address - where student resides

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

Emergency Contacts

When injury, illness or other emergency situations involving your child occur, 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, including day care contact.

- Name _____ Relationship _____ Phone () _____
- Name _____ Relationship _____ Phone () _____
- 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 child to the person(s) listed above.

Please fill out other side →

Student Dismissal

My child's regular routine is bus home walk home car pick-up day care

Day Care

Day care contact _____ Phone () _____ Cell () _____

Day care address: Street _____ City _____ Zip _____

Circle specific days: M T W TH F Before/After School Before School After School

Health Information

It is the responsibility of parents/guardians to inform the school if a student has a serious health condition or special needs. This information will be reviewed by a district nurse and shared with school staff as needed.

Yes, my student has a serious health condition or special needs and I will complete the 'Nurse Alert' form included.

No my student does not have a serious health condition or special needs.

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.

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