

## Emergency Notification - Elementary

Student Name: _____			Grade Level
Last	First	Middle	
Birthdate (MM/DD/YYYY)	Gender (M/F)	Teacher:	

### Primary Household Information – Resident Address – where student resides

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>Parent/Guardian #1</b> 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	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
<b>Parent/Guardian #2</b> 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	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
* <input type="checkbox"/> I grant LWSD permission to use the SchoolMessenger auto-dialer system to contact me on all of the cell phones listed in the Primary Household Information section of this form. (Please note: LWSD will use SchoolMessenger to contact you with emergency messages, even if you do not check this box.)			

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

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
<b>Parent/Guardian #3</b> 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	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
<b>Parent/Guardian #4</b> 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	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____

\*\*Please note: The Second Household will use an online process through Parent Access to confirm permission to call cell phones using the SchoolMessenger auto-dialer system.

**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. We suggest at least one local contact and one out of state contact. Please be sure to list anyone who may need to pick your child up from school (i.e., carpool drivers).

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.

**Student Dismissal**

My child's regular routines is:	<input type="checkbox"/> bus home	<input type="checkbox"/> walk home	<input type="checkbox"/> car pick-up	<input type="checkbox"/> day care
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**Day Care**

Day care contact:	Phone: (_____)_____	Cell: (_____)_____
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Day care address: Street: _____	City: _____	Zip: _____
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Circle specific days: M T W TH F	<input type="checkbox"/> Before/After School	<input type="checkbox"/> Before School	<input type="checkbox"/> After School
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**Siblings in District**

Name:	School:
Name:	School:
Name:	School:

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Lake Washington School District.

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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