

SPARK Charter School

2015-16

EMERGENCY CONTACTS AND PERMISSION TO DROP OFF AND PICK UP

Student _____ Grade _____ Teacher _____

Contact #1 Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____ please print clearly or type)

Address _____

Relationship: _____

Contact #2 Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Contact #3 Name _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail

Address: _____

Address _____

Relationship: _____

I authorized any of the contacts listed above to pick up/drop off my child to/from school and fieldtrips, and to be contacted in any emergency situation if I/we cannot be reached.

Name (print) _____ Signature _____

Date _____