

**OTTO-ELDRED SCHOOL DISTRICT
ENROLLMENT & CONTACT INFORMATION
2017-18 SCHOOL YEAR**

FULL NAME OF STUDENT (NO NICKNAMES PLEASE) _____

BIRTH DATE _____ **SEX** _____ **RACE** _____ **GRADE** _____

CITY OF BIRTH _____ **STATE OF BIRTH** _____

NAME OF FATHER / GUARDIAN _____ **PHONE** _____ **CELL#** _____

MAILING ADDRESS _____

PHYSICAL (911) ADDRESS _____

HOME EMAIL ADDRESS _____

NAME OF MOTHER / GUARDIAN _____ **PHONE** _____ **CELL#** _____

MAILING ADDRESS _____

(if different from above)

PHYSICAL (911) ADDRESS _____

HOME EMAIL ADDRESS _____

WITH WHOM DOES THE CHILD LIVE (MOTHER/FATHER/BOTH)? _____

TOWNSHIP/MUNICIPALITY CHILD LIVES IN _____

DOES THE CHILD HAVE SCHOOL AGE SIBLINGS THAT LIVE IN THE HOUSE? IF YES, PLEASE LIST FULL NAMES?

PARENTS/ GUARDIAN PLACE OF EMPLOYMENT:

FATHER / GUARDIAN _____ **WORK PHONE** _____

WORK EMAIL _____

MOTHER / GUARDIAN _____ **WORK PHONE** _____

WORK EMAIL _____

EMERGENCY CONTACTS:

If the child becomes ill or injured at school, we will try to contact you. In the event we cannot locate you, we will contact other people whom you feel will be responsible for your child. Please designate such persons.

A. _____ **RELATIONSHIP TO CHILD** _____ **PHONE** _____

CELL _____

EMAIL _____

B. _____ **RELATIONSHIP TO CHILD** _____ **PHONE** _____

CELL _____

EMAIL _____

PLEASE LIST ANY *ADDITIONAL* NAMES AND PHONE NUMBERS YOU WISH TO BE CALLED BY OUR AUTOMATED "SCHOOL REACH" CALLING SYSTEM IN CASE OF A DELAY OR CANCELLATION.

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

*****PLEASE NOTE*****

PRIMARY HOME PHONE NUMBERS WILL BE USED FOR SCHOOL REACH UNLESS REQUESTED OTHERWISE.