

The John Crosland School
2015-2016 School Year
Family Contact Form

Student Name _____

Grade _____ **Sex (M) (F)** _____

Parent/Guardian: _____

Home Phone: _____ **Cell Phone:** _____

Business Phone: _____

Parent/Guardian: _____

Home Phone: _____ **Cell Phone:** _____

Business Phone: _____

PERSONS TO WHOM STUDENT MAY BE RELEASED

A photo I.D. will be requested of any person unknown to us who is picking up your child for the first time. This precaution will help Crosland faculty and staff ensure the safety of all students.

Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

PERSONS NOT PERMITTED TO REMOVE STUDENT FROM SCHOOL

A copy of the legal document, e.g. court order, must be submitted to The John Crosland School each year.

Name: _____