WEBB STREET SCHOOL **Please use an ink pen to fill out this form**

STUDENT INFORMATION

Name and address of previous school:_____

2nd contact name_____ Relationship to student_____

Place of work_____ Work Phone _____ Cell phone_____

Home phone_____

3rd contact name_____ Relationship to student_____

Place of work_____ Work Phone _____ Cell phone_____

Home phone_____

4th contact name_____ Relationship to student_____

Place of work_____ Work Phone _____ Cell phone_____

Home phone_____

Please give first and last names of other adults who have permission to pick your child up from school.

N.C. Law requires a complete immunization record within 30 days of enrollment. The parent/guardian must present this record to avoid suspension.

1. **If your child is injured at school, parents will be notified. If something needs to be done before parents get to school, what do you want done?**

_____

In the event of an emergency, school personnel will determine if 911 should be called.

2.