Please Print			Home Room
Student's Name	LAST		Bus No
Address	LAST	Zip	Home Tel
Where can parent/guardia	n be reached if not at ho	ome?	Birthdate
Mother	ADDRESS	Tel	Cell
		Tel	Cell
		temporary care of	your child if you cannot be reach
Address			Tel
			T-1
Address Date			iel.
Date In case of accident or s to reach me, I hereby auth	serious illness, I request orize the school to call the	the school to conti he physician indica	act me. If the school is unable ated below and to follow his may make whatever arrangements.
Date In case of accident or s to reach me, I hereby auth	serious illness, I request orize the school to call the	the school to conti he physician indica	act me. If the school is unable ated below and to follow his
Date In case of accident or s to reach me, I hereby auth instructions. If it is imposs seem necessary.	serious illness, I request orize the school to call the ible to contact this phys	the school to conta he physician indica iician, the school r	act me. If the school is unable ated below and to follow his
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