

LAST NAME _____ SCHOOL _____

PERSONAL AND SECURITY INFORMATION

VOYAGER

STUDENT _____ BIRTHDATE _____ M ___ F ___

TEACHER _____ Room # _____ Grade _____

ADDRESS _____ ZIP _____

FIRST PERSON TO CONTACT (in case of illness or injury)

NAME _____ Ph _____

Parent/Guardian Information

MOTHER/Guard. _____ Hm Ph _____ Cell _____

WorkPlace _____ Ph _____ Ext. _____

FATHER/Guard. _____ Hm Ph _____ Cell _____

Work Place _____ Ph _____ Ext _____

HOME E-MAIL ADDRESS _____

EMERGENCY INFORMATION

1 EMERG. CONTACT (Other than Parents) _____

Hm Ph _____ Wk Ph _____ Cell _____

HEALTH ALERTS, CONCERNS, ALLERGIES, MEDICATIONS, etc.

Doctor _____ Phone _____

PERSONS APPROVED FOR PICK-UP: (Other than Parents - Picture ID Required)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

