

CHILD'S NAME: _____

Sope Creek Elementary Critical Student Information 2015 – 2016

Please complete all information and bring to Meet & Greet or send with your child on the first day of school.



TRANSPORTATION

<p style="text-align: center;">What is your child's NORMAL mode of afternoon transportation?</p> <p><input type="checkbox"/> Bus (Number _____ Load _____)</p> <p><input type="checkbox"/> Car Rider</p> <p><input type="checkbox"/> Walker</p> <p><input type="checkbox"/> ASP</p> <p><input type="checkbox"/> Daycare (Daycare Name) _____</p>	<p style="text-align: center;">How will your child go home on the FIRST DAY OF SCHOOL?</p> <p><input type="checkbox"/> Bus (Number _____ Load _____)</p> <p><input type="checkbox"/> Car Rider</p> <p><input type="checkbox"/> Walker</p> <p><input type="checkbox"/> ASP</p> <p><input type="checkbox"/> Daycare (Daycare Name) _____</p>
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Reminder: All transportation changes MUST be made in writing. No changes will be accepted over the phone.

CONTACT INFORMATION



<p>Parent/Guardian CONTACT Name (List the name of the PRIMARY contact for your student & indicate relationship)</p>	<p>Circle/Highlight Relationship: MOM DAD GUARDIAN OTHER</p>
<p>Email address (Please neatly write or type the email address(es) you would like included in our class group list)</p>	
<p>Address</p>	
<p>Child's birthday</p>	
<p>Subdivision/Neighborhood</p>	
<p>Home Phone</p>	
<p>Mom Cell Phone</p>	
<p>Mom Work Phone</p>	
<p>Dad Cell Phone</p>	
<p>Dad Work Phone</p>	
<p>Emergency Contact & phone</p>	
<p>Emergency Contact & phone</p>	
<p>Allergies or health issues</p>	



SIBLING INFORMATION

Sibling Name	Grade	Teacher

CHILD'S NAME: _____



Emergency Inclement Weather Information



EMERGENCY PLAN FOR EARLY DISMISSAL IN CASE OF INCLEMENT WEATHER

IMPORTANT NOTE: If school closes during the regular school day for any reason, the After School Program will not be open. School closings are announced by local radio and television stations.

In case of emergency, my child will:

- Ride Bus (Number _____ Load _____).
- Walk home.
- Be picked up by a parent.
- Be picked up by one of the people listed below. (Think about neighbors, friends, and family).

In case my child is not picked up, misses the bus or cannot walk home, I give permission for one of the following people to pick my child up from school.

Name	Phone Number(s)



Please answer the following questions to help me know your student better.

My child is good at	
My child needs help with	
My child enjoys	
Academically, this year I would like to see my child	
Socially, I would like to see my child	
Additional information to ensure a successful year?	

Parent/Guardian Signature: _____

Date: _____