

INFORMATION AND EMERGENCY CONTACT FORM

PUPIL _____ BOY GIRL
(LAST NAME) (FIRST NAME)

HOME ADDRESS _____

HOME PHONE _____

NAME AND RANK OF SPONSOR _____

DUTY SECTION _____ WORK PHONE _____

CELL PHONE _____

SPOUSE'S NAME _____

WHERE EMPLOYED _____ WORK PHONE _____

CELL PHONE _____

OTHER PHONE NUMBERS WHERE PARENT(S) MIGHT BE REACHED _____

NAMES(S) AND GRADES OF SIBLING(S) ATTENDING ROBINS ELEMENTARY:

(LAST NAME) (FIRST NAME) GRADE (LAST NAME) (FIRST NAME) GRADE

(LAST NAME) (FIRST NAME) GRADE (LAST NAME) (FIRST NAME) GRADE

I AUTHORIZE THE FOLLOWING ON-BASE CONTACT(S), OTHER THAN SPONSOR, TO ASSUME RESPONSIBILITY FOR MY CHILD INCLUDING THE RELEASE OF MY CHILD BY THE SCHOOL:

(LAST NAME) (FIRST NAME) (RANK, IF POSSIBLE) (PHONE)

(LAST NAME) (FIRST NAME) (RANK, IF POSSIBLE) (PHONE)

(PARENT SIGNATURE)

(DATE)