

Emergency Notification - Secondary

Student Name: _____			Grade Level
Last	First	Middle	
Birthdate (MM/DD/YYYY)	Gender (M/F)	Teacher (Advisor/Counselor):	

Primary Household Information – Resident Address – where student resides

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
Parent/Guardian #1		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			Email Address: _____
Parent/Guardian #2		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell* <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			Email Address: _____
<p>* <input type="checkbox"/> I grant LWSD permission to use the SchoolMessenger auto-dialer system to contact me on all of the cell phones listed in the Primary Household Information section of this form. (Please note: LWSD will use SchoolMessenger to contact you with emergency messages, even if you do not check this box.)</p>			

Second Household Information (if a parent lives at an address different from primary)

Street		Apt #	
City	State	Zip	Housing Development (if applicable)
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	
Primary Phone: (_____)_____		<input type="checkbox"/> Check if unlisted	<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
Parent/Guardian #3		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			Email Address: _____
Parent/Guardian #4		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Phone 2: (_____)_____
Last Name _____			<input type="checkbox"/> Home <input type="checkbox"/> Cell** <input type="checkbox"/> Work <input type="checkbox"/> Other
First Name _____			Phone 3: (_____)_____
Employer _____			Email Address: _____
<p>**Please note: The Second Household will use an online process through Parent Access to confirm permission to call cell phones using the SchoolMessenger auto-dialer system.</p>			

Emergency Contacts

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child. We suggest at least one local contact and one out of state contact. Please be sure to list anyone who may need to pick your child up from school (i.e., carpool drivers).

1. Name:	Relationship:	Phone: (_____)_____
2. Name:	Relationship:	Phone: (_____)_____
3. Name:	Relationship:	Phone: (_____)_____

Student Release Authorization: In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.

For grades 6-8, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to:

bus home (if buses run early) walk home

Siblings in District

Name:	School:
Name:	School:
Name:	School:

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Lake Washington School District.

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your student's school if any of the information on this form changes during the school year.