

BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT



STUDENT / PARENT CONTACT INFORMATION FORM

STUDENT INFORMATION

Student Name: _____ Date of Birth _____ Grade: _____ Gender: _____

PARENT / CONTACT INFORMATION

Contact Name: _____ Relationship to Student: _____ Primary Contact?: _____
**One Primary Contact Per Student*

*Custody Type: _____ Lives With Student: _____ Can Pick Up Student: _____ Receives Mail for Student: _____

**Custody type to be left blank for 2-parent households (otherwise choose from: Sole, Joint, Visitation, Temporary, Foster, Guardian)*

HOME / RESIDENCE ADDRESS

House #: _____ Street: _____ Apt / Lot # _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

MAILING ADDRESS

House #: _____ Street: _____ Apt / Lot # _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

CONTACT EMPLOYMENT INFORMATION

Employer: _____ Work Phone Number: _____ Ext: _____

PRIMARY CONTACT CERTIFICATION

Primary Contact: By signing below, you are certifying that all information above is true to the best of your knowledge, and that the above mentioned contact is to be an authorized contact for your child. Please return this document to school with your child.

Primary Contact Name (Printed)

Primary Contact Signature

Date