



DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS ATTENDING WENATCHEE SCHOOL DISTRICT			
Last Name	First Name	School	Grade

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

1 <sup>ST</sup> EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
1 <sup>ST</sup> EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
2 <sup>ND</sup> EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
2 <sup>ND</sup> EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED WENATCHEE SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL ATTENDED		

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY							
BUS ROUTE	DATE RECORDS REQUESTED	SHARED STUDENT	OTHER SCHOOL	IMMUN ON FILE	RES AREA	BIRTH VER	ROOM
AM      PM							

The Wenatchee School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator Dr. Joan Wright. Issues related to 504 should be directed to the Administrator for Student and Support Services.  
Rev.6/12/06