

Child's Name: _____



Sope Creek Elementary Critical Student Information 2020– 2021

Please complete all information and return to your child's teacher.

Transportation

What is your child's NORMAL mode of afternoon transportation?	How will your child go home on the FIRST DAY OF SCHOOL?
<input type="checkbox"/> Bus Number _____ Slot _____, Load 1 or 2	<input type="checkbox"/> Bus Number _____ Slot _____, Load 1 or 2
<input type="checkbox"/> Car Rider	<input type="checkbox"/> Car Rider
<input type="checkbox"/> Walker	<input type="checkbox"/> Walker
<input type="checkbox"/> ASP	<input type="checkbox"/> ASP
<input type="checkbox"/> Daycare (Daycare Name) _____	<input type="checkbox"/> Daycare (Daycare Name) _____

Reminder: All transportation changes MUST be made in writing. No changes will be accepted over the phone.

Contact Information

Parent/Guardian NAME (first and last) (List the name of the PRIMARY contact for student)	
Circle/highlight relationship to student	MOM DAD GUARDIAN OTHER
Email address (Please neatly write or type the email address(es) you would like included in our class group list)	
Address	
Subdivision/Neighborhood	
Child's birthday	
Child's T-shirt Size (for Class Shirt)	
Home Phone	
Mom Cell Phone	
Mom Work Phone	
Dad Cell Phone	
Dad Work Phone	
Emergency Contact & phone	
Emergency Contact & phone	
Allergies or health issues	

Family Information

Sibling Name	Grade	Teacher

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 _____ Slot _____ Load 1 or 2).
- 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: _____