

**Regina High School
Office Emergency Information 2005-2006**

To the Parent/Guardian:

It is extremely important that you fill out completely and accurately the information requested below and either mail it back to Regina or have your daughter bring it the first day of school. This information is being requested for the safety and protection of your daughter. If you have two daughters in the school, you need complete only one form. **PLEASE PRINT ALL INFORMATION IN BALL POINT PEN.**

• Please check if any information is different from the previous years form.

1. Name of student(s):

Last name First

Last name First

2. Name of parent(s), guardian with whom the student is presently living:

Last name First (Mr.)

Last name First (Mrs.)

Address

City State Zip

Home phone

3. Please indicate the place of employment, address of the company, phone and extension for the mother, father, and/or guardian of the student(s) listed above. If the parent works an afternoon or night shift and is home during the day, please indicate the shift.

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

e-mail: _____

e-mail: _____

(If applicable) At present the following person has custodial care of the above student:

_____ mother

_____ father

_____ grandmother

_____ grandfather

_____ aunt

_____ other: (please specify)

Is the above student presently living with the custodial parent? _____ yes _____ no
If **no**, please indicate the address and phone number of the custodial parent on the reverse side.

5. List Grandparents you would like to invite to school events.

A) Name _____

Address: _____

Phone: _____ E-Mail _____

B) Name _____

Address: _____

Phone: _____ E-Mail _____