

# PARENT MUST RETURN

## GADSDEN CITY HIGH SCHOOL STUDENT INFORMATION 08-09

GRADE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE \_\_\_\_\_ MOM CELL PHONE \_\_\_\_\_ DAD CELL PHONE \_\_\_\_\_

PARENTS/LEGAL  
GUARDIANS \_\_\_\_\_

STUDENT LIVES WITH (NAME) \_\_\_\_\_

PARENT/GUARDIAN EMPLOYER \_\_\_\_\_  
Mom Employer Address Phone

Dad Employer Address Phone

EMERGENCY CONTACT \_\_\_\_\_  
NAME PHONE NUMBER

(OTHER THAN PARENT/GUARDIAN THIS PERSON IS NOT AUTOMATIC ON CHECKOUT LIST)

STUDENT'S DOCTOR \_\_\_\_\_  
NAME PHONE NUMBER

THE PERSONS LISTED BELOW HAVE MY PERMISSION TO CHECK THE ABOVE NAMED STUDENT OUT OF SCHOOL FOR THE SCHOOL YEAR 2008 - 2009 LIST 4 ONLY MR. AND MRS. MAY COUNT AS ONE-FACULTY AND STAFF OF GADSDEN CITY HIGH SCHOOL CANNOT BE LISTED.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT SHOULD NOT BE CHECKED OUT BY \_\_\_\_\_

PARENT GUARDIAN SIGNATURE \_\_\_\_\_

If you would like to receive Announcements and Activities weekly please give your e-mail address

\_\_\_\_\_