

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
