



# Parent Contact information



Student Name: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Contact: Text Email Phone Note

Parent/Guardian Name 2: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Contact: Text Email Phone Note

Additional Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medical concerns, medications, or personal information you feel I should know about:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have permission to have their picture posted on our class webpage/Schoology pages?

yes  no

Do you plan to have your child participate in our local Special Olympics, which will be held at Spring Ford High School. More information and forms will be sent home in another informational packet.

yes  no

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_