

**Springfield Local School District
Junior/Senior High School
Office Information**

Student Name: _____

Address: _____ Date of Birth: _____

_____ Phone: _____

Parent Email: _____

IN CASE OF EMERGENCY, WHICH PARENT SHOULD WE CONTACT FIRST?

____ Mother ____ Father ____ Both ____ Other: _____

Phone: _____

Custodial Parent/Guardian Signature (over)

First & Last Name Mother Step-Mother Guardian Phone: _____

Father Step-Father Grandparent Phone: _____

Lives with Student? Yes No

Legal Custodian? Yes No

First & Last Name Mother Step-Mother Guardian Phone: _____

Father Step-Father Grandparent Phone: _____

Lives with Student? Yes No

Legal Custodian? Yes No

The names below will be contacted in the order given. All names listed have permission to pick up your child if contacted by the school. **Photo ID will be required.**

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone