Iosco RESA Career & Technical Education Center

Student Enrollment/Emergency Information Sheet

Program: _____ A.M. P.M. **Grade**: _____ **IEP or 504:** Y / N

School District (circle one): Alternative Ed Academy**,** Hale, Oscoda, Tawas or Whittemore-Prescott

Student Name: (Please print) _____ Date of Birth: _____
Last First

Address: _____
House # Street City Zip Code

Home Phone: _____ Student Cell: _____ Student Email: _____

Father's Name: _____

Address: _____ Email: _____

P.O. Box: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Mother's Name: _____

Address: _____ Email: _____

P.O. Box: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Who is legally responsible for the student?

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

***Do Not Release to**: _____

List two contact persons who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____
   Telephone: _____ Cell Phone: _____
2. Name: _____ Relationship: _____
   Telephone: _____ Cell Phone: _____

Known medical conditions of student (allergies, seizures, disabilities, etc.): _____

_____

List medications student is taking (you may need to update throughout the year):

_____ _____

_____ _____

In case of emergency, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the contact persons listed above and/or seek medical attention as deemed necessary.

Signature of Parent/Guardian: _____ **Date:** _____

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