

Parent/Guardian Information:

Mother/Guardian Last Name

First Name

Date of Birth Same as Students Address (skip to work phone) Lives with Child Authorized to pick up student?

Home Address

City

Zip

Home Number

E-Mail Address

Cell Phone

Work PhoneEmployment: Full-time Not working On disability Part-time Retired Other: _____

Place of Employment

Occupation

Relationship:

 Biological or Adopted Foster Parent Grandparent Legal Guardian Stepparent Other: _____Marital Status: Married Separated Divorced Single WidowedHighest Level of Education: Less than High School High School Diploma or GED Trade or Vocational School
 Associate's Degree Bachelor's Degree Master's Degree Ph.D., J.D., M.D.

Primary Language (Circle): English Spanish Arabic Other: _____

Parent/Guardian Information (additional):

Father/Guardian Last Name

First Name

Date of Birth Same as Students Address (skip to work phone) Lives with Child Authorized to pick up student?

Home Address

City

Zip

Home Number

E-Mail Address

Cell Phone

Work PhoneEmployment: Full-time Not working On disability Part-time Retired Other: _____

Place of Employment

Occupation

Relationship:

 Biological or Adopted Foster Parent Grandparent Legal Guardian Stepparent Other: _____Marital Status: Married Separated Divorced Single WidowedHighest Level of Education: Less than High School High School Diploma or GED Trade or Vocational School
 Associate's Degree Bachelor's Degree Master's Degree Ph.D., J.D., M.D.

Primary Language (Circle): English Spanish Arabic Other: _____

Emergency Contact Information:

Name (Last, First)

Name (Last, First)

Address City Zip

Address City Zip

Home Phone Work Phone

Home Phone Work Phone

Cell Phone Email

Cell Phone Email

Relationship: _____

Relationship: _____

Authorized to pick up student?

Authorized to pick up student?

Court Orders

Is there any legal court action which the Choose Success program should be made aware of? If you have a restraining order, guardianship papers, or name changes, please allow the Choose Success program to make a copy of such papers for your child's records. Please provide any relevant information.

Emergency Medical Response

If the emergency medical care is necessary, I authorize Mancelona Public Schools and/or Community Resource Development, Inc. to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

SIGNATURE REQUIRED

X _____
Parent/Guardian Signature Date

Photograph/Audio/Visual Taping

Throughout the school year and summer, it may be necessary to photograph, video or audio tape your child for educational purposes. Thereby grant Mancelona Public Schools and Community Resource Development, Inc. permission to copyright, publish, or use any photographs, pictures of likeness, negatives, prints, video tapes, audio tapes, or any reproductions of same included in whole or part, or composite or distort in character or form, in conjunction with my child's name, or reproductions thereof in color or otherwise, made through any media for art, advertising, internet, television, radio or any other lawful purpose whatsoever.

I give permission (Circle): YES NO

FIELD TRIPS

Throughout the year, Choose Success participants may have an opportunity to learn from outside sources. Such an opportunity will necessitate permission to travel away from school on a field trip. Parents/Guardians will be informed in advance of places, dates, and times of each field trip your child will attend.

My Child, _____, has permission to attend field trips.

SIGNATURE REQUIRED

X _____
Parent/Guardian Signature Date

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