

Mary R. Fisher Elementary School

Emergency Contact/Release Information

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian #1: _____ Home Phone# _____

Address: _____ Cell# _____

Place of Employment: _____ Work# _____

Email: _____

Parent/Guardian #2: _____ Home Phone# _____

Address: _____ Cell# _____

Place of Employment: _____ Work# _____

Email: _____

In the event that we cannot reach you, please provide contact information for 2 or more people other than those listed above, that the school may call.

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

In the event of an **UNSCHEDULED** early release, my child will be dismissed as follows:

PLEASE CHOOSE ONE:

Parent Pick-Up

(OR)

Bus to:

(Name of authorized person)

(Address)

Parent/Guardian Signature: _____ Date: _____

**Please notify the office of any changes to the above information throughout the year.*