

WEST UNION ELEMENTARY

In order to update our files please complete the following information and return to school.

STUDENT NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENT NAME(S): _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

**PLEASE LIST 2 NAMES & PHONE NUMBERS FOR US TO CALL IN CASE OF AN
EMERGENCY IN THE EVENT WE CANNOT REACH EITHER PARENT.**

TEACHER: _____ **HOMEROOM:** _____

BUS DRIVER: _____ **BUS NUMBER:** _____

(OVER)

**AS A SAFETY PROCEDURE FOR YOUR CHILD, PLEASE LIST BELOW WHO
MAY OR MAY NOT SIGN YOUR CHILD OUT OF SCHOOL.**



MAY SIGN OUT

MAY NOT SIGN OUT



PLEASE LIST BELOW NAMES AND GRADES OF BROTHERS AND SISTERS.
