Parent's Last Name						Student's Last Name		
Home Address				City			Home Phone	
ALPINE SCHOOL DISTRICT EMERGENCY & RELEASE INFORMA						TION		
	ENIEK	JEIN	JIWN	KLLLASE I	NEUKWIA	ITION		
Occasionally a student r medical attention for the Registration is not com	e student. The info	rmation	you provid	le below will allow	us to care for y	your child in case		
Student Informatio	on							
Last Name First Name		M/F	Grade	Teacher	Birth Date	e List any Health Problems		
D (1.6.								
Name (please p.	Employer		Work Phone	Cell Phone	E-mail Address			
Father:		L	трюуст	Work I none	Cett I none	2 man 1man cas		
Mother:								
Legal Guardian:								
Step Father:								
Step Mother:								
Alpine School District r from school during the of If someone who is not linames must be written to Local Emergency (day. Please includ isted below comes below for non-cus	e individ to check stodial p	luals you auk out your s	uthorize to pick up student, we will no eck this student or	your child from the able to release.	n school when you ease them. <i>Non-cu</i>	a cannot be contacted. ustodial parent's	
		Street		City, State,		Phone	Relationship	
In the event that none of if it is deemed necessary		ailable, d	or in the ca	se of an emergency	v, the school wi	ll call an ambular	lece or the paramedics	
Physician's Name:				Phone:				
Is there information on	file preventing cer	tain indi	ividuals fro	m checking this stu	ident out? Yes	No		
I have read and understa accident/illness-related of						ial responsibility	for all	
Signature of Parent or L	egal Guardian			<u> </u>	Relationship t	o the Student		
<u> </u>			_		v			

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.