

# Erie Rise Leadership Academy Charter School



(Please call the office IMMEDIATELY if you have a change in your emergency information)

Date: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8 Bus#: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Father: \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

If neither parent can be contacted by the school, please list below those whom you give permission to be contacted in the event of an emergency as well as the ability to pick them up from the school:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_.

PHYSICIAN \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

## SIBLING INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_