



# BRANDYWINE COMMUNITY SCHOOLS

1830 S 3<sup>RD</sup> ST. NILES, MI 49120

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

## Emergency Form 2017/2018

### **STUDENT INFORMATION** (Please Print). **THIS MUST BE COMPLETED**

Student's Legal Last Name	Legal First Name	Middle Name	Suffix
Birth Date MM/DD/YYYY	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name	
Street Address (Primary Household)		Apt/Lot #	PO Box
City	State	Zip	County

### **LEGAL PARENT(S) OR GUARDIAN(S) LIVING IN PRIMARY HOUSEHOLD.** THIS MUST BE COMPLETED

Full Legal Name(s) (First, Middle, Last)		
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Employer Name		
Employer Phone		
Cell Phone		
Email Address		
ACTIVE MILITARY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Michigan law allows student information to be shared with both parents, regardless of marital status, unless a court order dictates otherwise. Please provide the school with any current legal court documents or restraining orders pertaining to this student.

**SECONDARY HOUSEHOLD INFORMATION** (Does student have a legal parent/guardian living at a different residence?)  YES  
 NO

Full Legal Name(s) (First, Middle, Last)		
Relationship to Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Court Guardian <input type="checkbox"/> Other _____
Employer Name		
Employer Phone		
Cell Phone		
Email Address		
ACTIVE MILITARY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

In case of accident, illness, during the day and we are unable to reach you, please give the names of **two relatives/friends/neighbors** that have a phone and could be responsible for your student.

CONTACT #1: RELATIVE/FRIENDS/OTHER

CONTACT #2: RELATIVE/FRIENDS/OTHER

Full Legal Name(s)		
Relationship to Student		
Cell Phone		

**Alert Contact Information:** This information will be used to contact you for emergency school closing, school updates, and any other information sent home.

PHONE/CELL	
PHONE/CELL	
EMAIL	
EMAIL	

**HEALTH/MEDICAL INFORMATION**       NO KNOWN MEDICAL PROBLEMS

Please state any health problems including food allergies that the school staff should be aware of.

**HEALTH**

I give permission for Brandywine Community Schools to apply topical first aide cream or spray for a minor skin abrasion that may occur at school.

- I do agree
- I do not agree

**PUBLICITY RELEASE-NON INTERNET**

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child's photograph and/or his/her school-work products to be released to local newspaper(s), television media, newsletters and yearbook.

We understand any release to local media may reveal our child's image, name, work product, specific building and grade, but no other information about our child will be provided without our prior consent.

- I do agree
- I do not agree

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date