

E-Mail Address _____

Grade _____

Missing Children and Emergency Notification Card
Zane Trace Local School District

Parents: Please fill out completely as card may be used extensively during the school year. Thank You.

PUPIL'S NAME _____

DATE OF BIRTH _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____
AGE _____ BUS NUMBER _____ PARENTS CELL _____
(MONTH)(DAY)(YR)

HOME ADDRESS _____ HOME PHONE _____

City _____ Zip _____

FATHER'S NAME _____ Occupation _____

Indicate: Deceased _____ Divorced _____ Living with Family _____

FATHER'S PLACE OF EMPLOYMENT _____ Business Phone _____

MOTHER'S NAME _____ Occupation _____

Indicate: Deceased _____ Divorced _____ Living with Family _____

MOTHER'S PLACE OF EMPLOYMENT _____ Business Phone _____

Other Person to be Notified _____ Phone _____

Relative _____ Neighbor _____ Do you give permission for school to call? Yes__ No__

Other Person to be Notified _____ Phone _____

Relative _____ Neighbor _____ Do you give permission for school to call? Yes__ No__

Doctor to be Notified _____ Phone _____

List Physical Disabilities _____

If emergency treatment is required, may the school authorities use their own judgment in sending the child to the hospital or doctor most easily assessable before parents are reached? YES _____ NO _____

Signature of Parent or Guardian

MISSING CHILDREN INFORMATION FILE

CHILD'S NAME _____ HOME PHONE _____ Grade _____

PARENT'S NAME _____ CELL PHONE _____

ADDRESS _____ CITY _____ ZIP _____

I understand that it is my responsibility to notify the school of my child's absence between 8:00 & 8:30 on the morning of his/her absence. I further understand that if my child is absent from school and required notification from a parent has not been received by 9:30 am the school is required to consider the child "missing" and will attempt to contact me, usually between 9:30 am and noon. In such a situation, I would suggest school personnel to do the following. (Check one)

_____ Please notify _____ Phone Number _____

_____ If unable to reach this person, please notify _____ in the even these people cannot be reached: the school will send notification via mail.

DATE _____ Signature of Parent _____