

STUDENT EMERGENCY CONTACT CARDS

THE "I LOVE U GUYS" SCHOOL
555 MAIN ST.
ANYWHERE, USA 12345

REX

TRAINING EXERCISE

The "I Love U Guys" Foundation



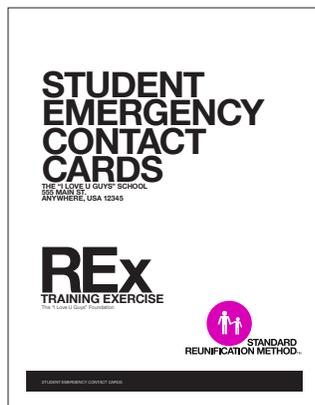
**STANDARD
REUNIFICATION METHOD™**



STANDARD REUNIFICATION METHOD™

CHANGE HISTORY VERSION 1.0

AUTHOR/CONTRIBUTOR	VERSION	REVISION DATE	REVISION COMMENTARY
John-Michael Keyes	1.0	3/18/2023	Original Content



REx Training Exercise

Operational Guidance for Schools, Districts, Departments and Agencies

Version 1.0



Dedication

On September 27th, 2006 a gunman entered Platte Canyon High School in Bailey, Colorado, held seven girls hostage and ultimately shot and killed Emily Keyes. During the time she was held hostage, Emily sent her parents text messages... “I love you guys” and “I love u guys. k?”

Emily's kindness, spirit, fierce joy, and the dignity and grace that followed this tragic event define the core of The “I Love U Guys” Foundation. This book is dedicated to Emily.

Forward

The original concept of this program came from recognizing that most school safety plans focused on response to individual incidents. Since there is no way to predict every single type of incident, that method leaves gaps in response. It is fairly common, after a tragedy, to hear someone say “I didn't think that would happen here,” so the assumption is that there was no response plan for it.

Many safety plans The Foundation looked at contained similar actions being used for the various incidents, but they were called different things. The Standard Response Protocol was developed with input from many safety practitioners and is action-based, defining each physical response. When the actions are practiced and understood, they can be used almost universally for any incident. This is a life skill that stretches far beyond school.

This book contains guidance on using the actions, as well as discussions and other considerations when using The Standard Response Protocol.

Acknowledgments

The Keyes family is primarily grateful to responders Deputy Chief A.J. DeAndrea and Deputy Mike Denuzzi for opening the door for discussion and communication in the aftermath of the tragedy, and to former investigative reporter Paula Woodward for making the introduction. (There's a story there...)

Thanks to Ted Zocco-Hochhalter for introducing us to emergency management for safer schools, and to Katherine Zocco-Hochhalter for bringing humanity to the conversation, and to both for sharing their knowledge and friendship.

STAFF

Need we say more? At the release of this version, The Foundation employs five people full time, all of whom bring unique skills, curiosity and intelligence to these materials, so it's all hands on deck.

Current Staff:

Allyson Jones, Communications Manager, Carly Posey, Mission Director, Dan Rector, Emergency Management Planner, Brooke Weeber, Directors' Assistant, Emily Pisqui, Office Assistant, Ellen Stoddard-Keyes, Operations Director, and John-Michael Keyes, Executive Director

Board of Directors

Chris Zimmerman, Craig Straw, Dave Bauer, Frank DeAngelis, Heilit Biehl, James Englert, Louis S. Gonzalez, Murphy Robinson, and Pat Hamilton.

Whereas many nonprofits have a combative relationship with their Boards, we have always treasured ours for their dedication and wisdom.

Authors and Contributors

We are incredibly grateful to the people who have helped with the development of the programs. For contributions to content we are grateful to the following people:

Dr. David Benke (former teacher and former Board member) for Teacher Guidance;

Kevin Burd (Detective Lieutenant Ret., Priority of Life Training and Consulting) for content contribution and training expertise;

Russell Deffner (Advisor/Contractor/Volunteer) for Incident Command Guidance;

Tom Kelley (School Safety Training and Education Specialist, Texas School Safety Center) for content contributions;

Ian Lopez (Director of Safety & Security, Cherry Creek Schools) for content contribution;

John McDonald (Executive Director, Safety, Security and Emergency Planning, Jefferson County Public Schools) for ongoing discussion and input on what's really going on in the world;

Joleen Reeve (City and County of Broomfield Ret.) for the phrase, “Locks, Lights, Out of Sight”;

Jaclyn Schildkraut (PhD, Associate Professor, Department of Criminal Justice, State University of New York at Oswego) for accuracy and research on drill and guidance;

Heidi Walts (Commander, Northglenn Police Department) for being the best sister and sister-in-law to John-Michael and Ellen, and also giving excellent guidance when they needed it the most.

ADJUNCT INSTRUCTORS

They conduct trainings around the country on a part time basis, bringing their expertise and knowledge to the table. And they bring back information about how we can improve the programs

Current Adjunct Instructors:

Stacy Avila (Arvada Police Dept. Ret.)

David Benke, retired teacher and former Board member

Kevin Burd (Detective Lieutenant Ret., Priority of Life Training and Consulting)

Pat Hamilton (Chief Operating Officer, Adams 12 Five Star Schools)

Chris Zimmerman (Principal, Cimarron Middle School, Douglas County)

Contact Information

The “I Love U Guys” Foundation can be reached online at <https://iloveuguy.org>.

Email: srp@iloveuguy.org

The “I Love U Guys” Foundation

P.O. Box 489, Placitas, NM 87043

Student Information Card

Child's Name Clare Adams Birthday 1/2/2017

Address 1 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Randy Adams

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Randy Adams

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Casey Allen Birthday 1/10/2017

Address 1 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Merle Allen

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Merle Allen

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Bailey Anderson Birthday 1/18/2017

Address 1 East Dr. Anywhere, USA 12345

Allergies Peanuts

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kennedy Anderson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kennedy Anderson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Haven Bailey Birthday 1/26/2017

Address 1 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Steph Bailey

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Steph Bailey

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cody Baker Birthday 2/3/2017

Address 2 North Ave. Anywhere, USA 12345

Allergies Cats and Dogs

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Raven Baker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Raven Baker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Hartley Bell Birthday 2/11/2017

Address 2 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Spirit Bell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Spirit Bell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Altair Brown Birthday 2/19/2017

Address 2 East Dr. Anywhere, USA 12345

Allergies Hamsters

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Jordan Brown

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Jordan Brown

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dee Campbell Birthday 2/27/2017

Address 2 West Blvd. Anywhere, USA 12345

Allergies Dairy

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Ruby Campbell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Ruby Campbell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cruz Carter Birthday 3/7/2017

Address 3 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Rene Carter

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Rene Carter

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cadence Clark Birthday 3/15/2017

Address 3 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lore Clark

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lore Clark

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Drew Collins Birthday 3/23/2017

Address 3 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: September Collins

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: September Collins

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Garland Cook Birthday 3/31/2017

Address 3 West Blvd. Anywhere, USA 12345

Allergies Tree Nuts

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sky Cook

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sky Cook

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Tony Cooper Birthday 4/8/2017

Address 4 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sydney Cooper

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sydney Cooper

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Trinidad Cox Birthday 4/16/2017

Address 4 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Tate Cox

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Tate Cox

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Angel Davis Birthday 4/24/2017

Address 4 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Justice Davis

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Justice Davis

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dominique Edwards Birthday 5/2/2017

Address 4 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sandy Edwards

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sandy Edwards

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Diamond Evans Birthday 5/10/2017

Address 5 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: SAM EVANS

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: SAM EVANS

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Brier Garcia Birthday 5/18/2017

Address 5 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lindsay Garcia

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lindsay Garcia

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Corey Gonzalez Birthday 5/26/2017

Address 5 East Dr. Anywhere, USA 12345

Allergies Shellfish

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Reagan Gonzalez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Reagan Gonzalez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Chris Green Birthday 6/3/2017

Address 5 West Blvd. Anywhere, USA 12345

Allergies Eggs

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Piper Green

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Piper Green

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Carson Hall Birthday 6/11/2017

Address 6 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Meredith Hall

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Meredith Hall

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Brady Harris Birthday 6/19/2017

Address 6 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lee Harris

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lee Harris

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Chance Hernandez Birthday 6/27/2017

Address 6 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Morgan Hernandez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Morgan Hernandez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cherokee Hill Birthday 7/5/2017

Address 6 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Peyton Hill

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Peyton Hill

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Val Howard Birthday 7/13/2017

Address 7 North Ave. Anywhere, USA 12345

Allergies SOY

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Taylor Howard

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Taylor Howard

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Bliss Jackson Birthday 7/21/2017

Address 7 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lark Jackson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lark Jackson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Addison Johnson Birthday 7/29/2017

Address 7 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Jaden Johnson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Jaden Johnson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Alpha Jones Birthday 8/6/2017

Address 7 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Jaswinder Jones

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Jaswinder Jones

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Charley King Birthday 8/14/2017

Address 8 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Nevada King

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Nevada King

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Carlin Lee Birthday 8/22/2017

Address 8 South St. Anywhere, USA 12345

Allergies Lobster

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Madison Lee

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Madison Lee

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Carey Lewis Birthday 8/30/2017

Address 8 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Macy Lewis

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Macy Lewis

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cheng Lopez Birthday 9/7/2017

Address 8 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Pat Lopez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Pat Lopez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Brett Martin Birthday 9/15/2017

Address 9 North Ave. Anywhere, USA 12345

Allergies SOY

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lesley Martin

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lesley Martin

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Brin Martinez Birthday 9/23/2017

Address 9 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Logan Martinez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Logan Martinez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Austyn Miller Birthday 10/12/07

Address 9 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kassidy Miller

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kassidy Miller

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dakota Mitchell Birthday 10/9/2017

Address 9 West Blvd. Anywhere, USA 12345

Allergies Peanuts

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Riley Mitchell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Riley Mitchell

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Avery Moore Birthday 10/17/2017

Address 100 North Ave. Anywhere, USA 12345

Allergies Milk

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kelsey Moore

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kelsey Moore

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Harper Morgan Birthday 10/25/2017

Address 100 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sparrow Morgan

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sparrow Morgan

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Fiore Morris Birthday 11/2/2017

Address 100 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Shelley Morris

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Shelley Morris

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Haru Murphy Birthday 11/10/2017

Address 100 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Stacey Murphy

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Stacey Murphy

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Courtney Nelson Birthday 11/18/2017

Address 200 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Reese Nelson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Reese Nelson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Delaney Parker Birthday 11/26/2017

Address 200 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Rudo Parker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Rudo Parker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dale Perez Birthday 12/4/2017

Address 200 East Dr. Anywhere, USA 12345

Allergies Wheat

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Ripley Perez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Ripley Perez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Daryl Phillips Birthday 12/12/2017

Address 200 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Rowan Phillips

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Rowan Phillips

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Freddie Reed Birthday 12/20/2017

Address 300 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Silver Reed

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Silver Reed

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Tracey Richardson Birthday 12/28/2017

Address 300 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Tanner Richardson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Tanner Richardson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Hayden Rivera Birthday 1/5/2016

Address 300 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sunny Rivera

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sunny Rivera

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dallas Roberts Birthday 1/13/2016

Address 300 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Robbie Roberts

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Robbie Roberts

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Brook Robinson Birthday 1/21/2016

Address 400 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: London Robinson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: London Robinson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cameron Rodriguez Birthday 1/29/2016

Address 400 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Mackenzie Rodriguez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Mackenzie Rodriguez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Frankie Rogers Birthday 2/6/2016

Address 400 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Sidney Rogers

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Sidney Rogers

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Farley Sanchez Birthday 2/14/2016

Address 400 West Blvd. Anywhere, USA 12345

Allergies Dust

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Shelby Sanchez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Shelby Sanchez

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cheyenne Scott Birthday 2/22/2016

Address 500 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Phoenix Scott

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Phoenix Scott

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Abi Smith Birthday 3/1/2016

Address 500 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Hunter Smith

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Hunter Smith

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Ellery Stewart Birthday 3/9/2016

Address 500 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Shannon Stewart

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Shannon Stewart

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Avi Taylor Birthday 3/17/2016

Address 500 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kendall Taylor

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kendall Taylor

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Blair Thomas Birthday 3/25/2016

Address 600 North Ave. Anywhere, USA 12345

Allergies Pollen

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kim Thomas

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kim Thomas

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Briar Thompson Birthday 4/2/2016

Address 600 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Leslie Thompson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Leslie Thompson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Dana Turner Birthday 4/10/2016

Address 600 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Robin Turner

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Robin Turner

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Carol Walker Birthday 4/18/2016

Address 600 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Mel Walker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Mel Walker

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Whitney Ward Birthday 4/26/2016

Address 700 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Zorion Ward

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Zorion Ward

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Bo White Birthday 5/4/2016

Address 700 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Lauren White

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Lauren White

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Alex Williams Birthday 5/12/2016

Address 700 East Dr. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Jamie Williams

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Jamie Williams

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Autumn Wilson Birthday 5/20/2016

Address 700 West Blvd. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Kelly Wilson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Kelly Wilson

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Charlie Wright Birthday 5/28/2016

Address 800 North Ave. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Ocean Wright

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Ocean Wright

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Student Information Card

Child's Name Cassidy Young Birthday 6/5/2016

Address 800 South St. Anywhere, USA 12345

Allergies None

Parent/Guardian Info:

Circle One: Mom Dad Other _____

Name: Mickey Young

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Circle One: Mom Dad Other _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Additional Emergency Contact (Other than those listed above):

Name: _____ Phone #: _____

Transportation Information

Walker Car Rider Bus Rider After School Care Other: _____

The following people are allowed to pick up my child:

Name: Mickey Young

Cell #: 123 - 456 - 7890

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____

Name: _____

Cell #: _____

Alternate #: _____

Email: _____