Family Nar	ne(s):	
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Birthdate

Gender

Grade in

## CONTACT/TRANSPORTATION INFORMATION FORM School Year 2016-2017

Last

(please fill out **BOTH SIDES** - this form must be returned <u>before</u> the first day of school)

Child's name (exactly as you wish it to appear in school directory)

**First** 

riist	-	asi	Gender	Diffiliate	2016-17
Primary Contact (this is the	person we will	call first when t	here is a conc	ern with your cl	hild):
Parent/Guardian	_	E-mail			
Address					
Phone (H)	(W)	(C)			
Secondary Contact:					
Parent/Guardian					
Address		City	Stat	te Zip	
Phone (H)	(W)	(C)		<del></del>	
Third Contact:					
Parent/Guardian		E-mail			
Address					
Phone (H)					
I 1 F C 1 1 (f	. 1	, 1·	.1 1 1		
Local Emergency Contact (f	•	9	,		
Name	Relationship to child				
Phone (home)	(work) _		(cell)		
List the phone number you	want nublished	l on the one nee	o list	lon	a/family)
(This is not the directory; the					
the year.)	is is the one-page	e priorie list tilat	we offer to far	imies at the begi	Tumig OI
are year.)					

TRANSPORTATION & EMI	ERGENCY CLOSING INFOR	MATION				
What school district do you live in?						
My child will travel to and from school by:						
☐ Ride from parents only ☐ Walking	□ Carpool					
□ Public school bus (be sure to call the bus garage to arrange bus transportation ahead of time:  Viroqua – 637-1642, Westby – 634-4618)  Viroqua bus # OR Westby bus # Days when riding						
	ALL THE OFFICE WHEN ANS CHANGE FROM THE A	BOVE				
EMERGENCY	CLOSING PROCEDURE					
In the event of an <b>EARLY DISMISSAL</b> (usua ( <u>choose one</u> ):	ally due to inclement weather),	please notify me				
☐ There is no need to contact me. I receive te	exts/emails from News8000					
<ul><li>□ Email me at at (ph</li></ul>	one)					
<ul> <li>□ By the usual mode of travel indicated above</li> <li>□ If that method isn't available, please indicated</li> </ul>		lain thoroughly):				
	Parent signature	date				
PAREN	NTAL CONSENT					
* I give permission for my child(ren) to be transported member of a group participating in a special active provided, and all drivers must have proof of insurance of the contract of the cont	ity or event during the 2016-17 sc					
	Parent signature	date				
* Permission is given to Pleasant Ridge Waldorf S my child(ren) in school promotion and solicitation television, website, Facebook, and displays.						
	Parent signature	date				

Family Name(s):